PHILADELPHIA MEDICAL TIMES.

CONTENTS.

No. 520. NOVEMBER 1, 1887. Vol. XVIII.

INTRODUCTORY ADDRESS

TO THE THIRTY-EIGHTH ANNUAL COURSE OF LECTURES AT THE WOMAN'S MEDICAL COLLEGE OF PENNSYLVANIA,

BY W. W. KEEN, M. D.,
Professor of Surgery.

Delivered October 6, 1887.

IT is always a regret to give the last lecture of the course; so it is always a pleasure to open a new one, with its fears, its hopes and its aspirations. We miss many of the old familiar faces of those who have begun in reality the medical career, but they are replaced by younger and new faces of many who come to us eager to begin the laborious curriculum.

It is my pleasant duty to bid you all a hearty welcome,—from the sunny South, the sturdy North, and the growing West; from our nearest neighbor across the Great Lakes; from our "kin beyond sea," whether immediate cousins from Britain or remoter kindred from her colonies; from European countries that were in their glory when America was but a fable. It is an unusual pleasure to welcome again the first representative in medicine of the race that then freely roamed over this fair land in barbaric pride of undisputed possession, but that now is recognizing its higher destiny in civilization and scholarly attainments. I welcome, too, the representatives of a transplanted Africa to the privileges of a late atonement for the evils and the ignorance of bondage, in the broadest, freest and most complete education we can give them. I welcome, too, representatives from the further Southern lands of our Western Continent, and from the primeval civilization of the far East, old when even Europe itself had as yet neither history nor historian. Welcome! thrice welcome are you all to this truly cosmopolitan seat of medical learning, to the oldest and the largest Woman's Medical College in the world!

To any speaker on such an occasion it must recall the days when he too began his medical studies, and perforce provoke a contrast, and with it an envy of your glorious heritage.

Twenty-five years ago I received my coveted sheep-skin. Fortunately it was not a calf-skin, though I have often thought that that would have been the more appropriate symbol of my immaturity,—my "vealiness," as the Country Parson styles it in his charming essay "Concerning Veal."—The session then began on the second Monday in October, and the old fashion of wasting a whole week in Introductories, one by the professor of every branch, was just dead in some colleges and dying in others. The college doors shut early in March, not to be unlocked till the next October. The student who came

late was apt to reply with stuttering Charles Lamb when taken to task for coming so late to the India House: "But then you know I go very early." He could enter in November, take a liberal Christmas holiday, and leave late in January or early in February, and yet it was counted as "a year," though really less than four months. Only two years were required anywhere, and identically the same lectures were given each year. They were generally read, and were adorned with few or no illustrations, except in the case of rarely earnest and enterprising teachers. In general, a professorship was apt to be the medical "saint's everlasting rest." There were no laboratories, or laboratory and practical work such as you now get in this college in Physiology, Chemistry, Pharmacy, or Materia Medica. Three of my class, who took a meagre course in the spring, in an ill- in fact, I might say an *un*-equipped, ordinary drug-store, were regarded as marvels of diligence; and it was a rare treat indeed when any one was called on to help in private physiological or chemical experimentation.

Although the colleges were closed seven months out of twelve, extra-collegiate courses were given, chiefly in the spring, in practical obstetrics, operative surgery and physical diagnosis, but these were mainly accessible only to students who staid or lived in town; and in the "green room" the last question asked was whether you had ever actually percussed a chest, tied an artery, or attended a woman in child-birth.

There were but the seven orthodox branches to be examined upon and, therefore, only these seven were studied. The mystical seven were persuaded of the witty definition that orthodoxy was their "doxy," and heterodoxy the other fellows' "doxies."

Gynæcology, save as a very small bob to the obstetrical kite, was unknown. I well remember the first time I ever saw the term in the Vienna medical Catalogue in 1865, when, but for its Grecian flavor, I should not have known what dish it was the Herr Professor proposed to serve.

As a private medical office student, I had some instruction in the use of the microscope in examining the urine, which was a deal more than ninety per cent. of the students had, but I graduated without ever having seen a muscular-fibre cell, a capillary, an intestinal villus, or a single section of any diseased tissue. The only reagents then used were acetic acid to clear up a specimen, and carmine to stain it. The razor and the hand were practically the only section cutter.

Systematic Histology, as we now understand it, and Pathological Anatomy were but "dark continents" to the students. I think the first systematic lectures, even on the proper method of making a post-mortem examination, were given by myself in 1867. We had, however, progressed far enough beyond the professional colleague of Dr. Gross, who always spoke of a "post mortem examination after death."

Of course, there was no collegiate teaching in urinalysis, or in the use of electricity; and we had only clinics on medicine and surgery on Wednesdays and Saturdays.

The now flourishing specialties in medicine were just arising. Early in the war, when special eye-wards were set apart in this city and elsewhere in the military hospitals, the surgeon in charge of that department in the Satterlee Hospital in West Philadelphia was the only man in this city, and he a new-comer, who could scientifically order a proper pair of glasses for any one of the million pairs of eyes in this vicinity all awaiting the coming man.

There were no specialists in diseases of the ear, the nose, the throat, the skin, orthopædics, gynæcology or nervous diseases, in the sense in which we now understand these terms.

If, in spite of all this, you tell me that the colleges turned out pretty fair doctors, and point to my colleagues of the faculty as instances, I admit it; but I assure you it has been only because of our later hard work to keep up with the progress of medicine. And, with the admission, I ask the serious question: "What sort of doctors ought *you* to be with all your legion of advantages?"

There were no entrance examinations. Comparatively few of the students knew the ancient languages; fewer still, I think, the modern. Good

English was none too frequent an accomplishment; and I fear, even to-day, Lindley Murray is sometimes rather restless, especially during medical March weather above ground. We have this year begun our own entrance examinations, an innovation which I know you will all greet as a great step in advance. In one sense it is not much of an examination; but you remember that the Rubicon, too, was not much of a stream in one sense. But the stepping across that narrow stream meant war. So, too, the moral significance of *any* entrance examination is great. It means that this college shall be on the side of a large and liberal culture; that wh le native force and fitness must always tell in the medical as in all other struggles, yet that training and culture will raise such force and fitness to the square or the cube. Medicine, to retain its rank as a "learned profession," must not fall behind the church or the bar.

The problems we have to solve are increasing in number and complexity, and subdivision is a necessity. New branches are constantly arising. Time was when one man could occupy a chair or,—as Holmes wittily calls it,—a "settee" of professorships devoted to several combined subjects. But that day has long gone by, and even in your day Hygiene, and State Medicine, and Medical Jurisprudence, and Mental Diseases, and Bacteriology are all clamoring for recognition in the college courses, and sooner or later must be admitted.

Now, to be equal to the daily tasks imposed even upon the humblest doctor in a country village, if that doctor honestly and earnestly desires to acquit herself creditably and to treat her patients properly, it is imperative that the education shall be not only technically thorough, but that her mind shall be well developed and well furnished by a substantial, preliminary training. It is rapidly passing from the stage of a useful accomplishment to that of a necessary adjunct, from the sphere of the "may be" and the "ought to be" to that of the "must be." The luxuries of one generation become the necessities of the next. The liberal education which has been the luxury of the nineteenth century will be the necessity of the twentieth,—and remember that you will live chiefly in the latter. To achieve all this education —preliminary liberal education and later professional or technical education —you will all need good health and plenty of time.

I hail with the greatest pleasure the growing tendency in this school to a full four years' course. A larger percentage of our students, I think, avail themselves of this privilege than in any other medical school I know of. For one, I shall never be satisfied until the four years' course is made obligatory. Even then we shall be full of work, but we shall at least have time to breathe.

I know of no class of people who are more reckless of health than medical students. Partly this arises from the necessities of the case, and partly from ignorance. They are taught how to take care of disease, but not how to take care of health. They rise early to con a text-book; they lead a sedentary, or at least a non-active life all day in the lecture rooms and laboratories; they spend the evenings and the day's leisure in the mal-odorous though fascinating dissecting-rooms; they snatch hasty meals, and before these are digested whip up the brain and let the poor stomach look out for itself; they go to bed late, with the head full of to-day's lectures and operations and to-morrow's quiz; and, as if this were not enough, when examinations come, one-half of them take strong coffee to keep them awake, and the other half bromide of potassium to put them to sleep; and still they hope, if they do not actually expect, to escape physical bankruptcy!

With a view then both to added instruction and added health, I most heartily endorse the present active agitation of the project for a Professorship of Hygiene and a Gymnasium. While we have many other wants, these are the most pressing. The systematic and thorough teaching of hygiene will open a new door to you, will show you how to take care of yourselves and to guide others in the same wise path. It is a part of the praiseworthy movement for "Preventive Medicine" which is a fine characteristic of the last twenty-five years.

I feel proud of my profession as the only unselfish, "self-destructive" profession or pursuit I know. We live by disease, and yet with a genuine altruism which can never be overpraised, we are in the fore-front of those who would destroy our means of support by pointing out the path to the conservation of health.

The relation of physical exercise, both to bodily health and to mental activity, is only faintly understood by those who have given but ordinary attention to the subject. When our gymnasium is built and you all can not only enjoy its athletic exercises as a recreation, but also learn how to use them as a means of preserving health and preventing disease; when you have learned, as Blaikie happily puts it, "How to get strong and how to *stay* so," then you will be able to go forth as apostles of a new hygienic creed and to spread abroad the gospel of health to the sinners both by ignorance and by wilfulness.

I hail this movement too as a wholesome sign of the newly aroused and vigorous interest of our undergraduates and alumnæ. Hitherto they have shown too little interest in the progress of the College. They have now undertaken no light task in the endeavor to raise $40,000. But no less sum would at all suffice for our wants, and every one who has had a hand in the good work will find her interest in the College and college affairs strengthened for all future life. We must all work, and work hard, to make this project a success; and, with the well-assured support of our best friends, the generous and self-sacrificing Board of Corporators, the hearty good will of the Faculty, and the open purses of the alumnæ and students and friends of the college, it must and will succeed.

You will tell me you have "no time" for exercise. In reply, I tell you that with good healthy bodies, rosy cheeks, and redundant animal spirits your ready brains will do more real good hard work in three hours than pallid lips and paler brains will do in four. "In Nature," says Emerson, "nothing is ever given away, everything is sold." Some things may be bought with gold; good health cannot be. In Nature's mart its price is time and hard work.

It is often a reproach to our profession that we do not take our own medicines; that we preach, but do not practice. The time has come to disprove the assertion and to make the lusty, laughter-loving, hale and hearty old doctor the best text for a sermon on health. I trust that the distant graduates will then have the generosity to forgive the vigorous gray-haired doctors we shall have graduated, who will persist in living so long that the young ones will have a first-rate opportunity to starve before they get a good chance to secure a paying practice.

ORIGINAL COMMUNICATIONS.

ON THE PATHOGENESIS OF YELLOW FEVER.

BY YGNACIO ALVARADO, M. D.,

Delegate from Mexico; Professor of Physiology in the National School of Medicine (Mexico).

[Read before the Section on Practice of Medicine in the Ninth International Medical Congress, held at Washington, September, 1887; and published in the PHILADELPHIA MEDICAL TIMES by special permission of the author.]

AS science now stands, every fact points to the belief that to a certain microbe must be undoubtedly ascribed the primary cause of the series of anatomical injuries which originate those particular functional disturbances which are known clinically by the name of "yellow fever." Such a fact by itself, however, is not sufficient to afford an amount of knowledge available for the checking of the diverse ailments present; it would be a valuable means for research into the prophylaxis of the malady, but is by no means the leading step in controlling the attending symptoms,—the former means the prevention, the latter the cure of the illness. No better means can be devised for attaining the latter than the knowledge of the real condition of the solids and liquids of the organism when under the action of the microbe.

The object of the present paper is to call the attention of the profession to certain facts relating to yellow fever as it prevails at Vera Cruz (Mexico) which have led us up to the theory that yellow fever is an *auto-blood-poisoning, either by the acid phosphate of soda of*

the same blood having been turned from a basic into the acid form, or by the phosphoglyceric acid set free from the lecythine, by reactions in both cases that have been produced by the feeding of the microbes upon the constituents of the sanguineous fluid. The phosphoric compound, be it what it may, has not been introduced from without into the blood; it pre-existed in the liquid under a harmless form, contributing to the physiological and perfect composition of the blood, but has been rendered toxic by the microbe, which acts then as a true ferment; and, while it appropriates some of the blood elements for its own sustenance, causes some of the others to be noxious to human life.

The view that yellow fever is an instance of poisoning by phosphorus is certainly not a new one; it has been set forth by other observers who could not disregard the similarity between the symptoms of the two ailments, and, by the way, they meant phosphoretted hydrogen. But although this similarity is a striking one, this teaching has had no followers, as there are good reasons against it. For instance, how is it that yellow fever is an epidemic and infectious disease if it is only phosphorus poisoning? Why can a ship be contaminated to such an extent as to infect people traveling on it many months afterward? Is there any analogous case on record of phosphorus poisoning? Why is it that natives of Havana, Vera Cruz, etc., as well as those who have had the illness, are exempt from contracting it again? Does phosphorus poisoning ever confer such an immunity? These objections are indeed unanswerable arguments, and on this account the theory of the phosphorus poisoning has been set aside as untenable.

Although the qualitative analysis of the blood is the only *direct* way for solving such a question, we did not intend to undertake it during our studies of the yellow fever at Vera Cruz some ten years ago, because it is necessary for one who makes such analysis to be fully conversant with practical chemistry; otherwise the conclusions reached would be unreliable. But there is, nevertheless, another indirect way for very reasonably presuming the reality of the phosphoric poisoning of the blood, and this is to appreciate *all* the facts that a post-mortem examination, the symptoms present during the life, and the course followed by yellow fever can afford to an unprejudiced mind, and then to compare them respectively with those attending phosphorus poisoning. If there is a favorable result from the said comparison, this must be considered as circumstantial evidence of the correctness of our hypothesis.

It is not out of place to remember here that the right way, and the only way recognized by science, for finding out the correct explanation of any phenomenon whatever is to build up at once upon the observed facts a rational hypothesis, and to look upon its consistency or inconsistency by instituting as many clear and *direct* experiments as may be necessary to convince one, either that the said hypothesis must be set aside as void or accepted as an acquired truth. In case such a way cannot be followed, the indirect experimentation, as it has been termed by Claude Bernard, must be resorted to; that is, the repeated observation of the phenomenon in its different phases and under diverse circumstances, and this must be so far conducted as to demonstrate either the accord or the discrepancy between the hypothesis and the phenomenon itself. Direct experimentation leads to *certainty*, the indirect to a probability more or less near to certainty.

Let it be taken for granted that the microbe of yellow fever feeds, as any ferment does, on the oxygen of the sugar of the blood, transforming the remaining elements of the sugar into lactic acid; that this acid acts upon the basic phosphate of soda, turning it from basic into acid; or upon the lecythine, setting free its phosphoglyceric acid, and we shall have then that in yellow fever there will be but two distinct and natural periods, viz: (*a*) one of fermentation, during which the lactic acid is formed, and (*b*) a second stage, an accidental sequence of the first one, in which the phosphoric compound appears; each stage being evinced by the proper symptoms attending respectively the

fermentation and production of the lactic acid, and the poisoning by phosphoric acid; and finally we shall have, too, that the anatomical lesions will be those met with in cases of phosphoric acid poisoning.

Now let us see what the anatomical lesions are in cases of accidental poisoning by this acid, and let us compare them with those in cases of yellow fever.

We cannot do better than to quote on this subject the following, in Dr. Jaccoud's words:

"Phosphorus as a steatogene poison is by far more active than arsenic and antimony. After its absorption in toxic doses, it determines the fatty degeneration of the liver, kidneys, heart, diaphragm, muscles, lungs,—the acute steatosis of these organs being revealed by the ordinary symptoms—and thus jaundice, diffuse hemorrhages, delirium and coma, which evince the last stage of the poisoning, must be considered rather as consequences of the direct action upon the blood or the brain than as effects of the fatty atrophy of the liver. In a greater or less degree the same lesions have been found in animals in experimental poisoning by lactic acid.

As to the morbid anatomy of yellow fever, the following are the lesions met with by us and by every physician who has had to make examinations of the kind.

The gums have been found congested, red and swollen; the tongue swollen, red and ulcerated; the pharynx red and swollen; the mucous membrane of the stomach has a more or less red discoloration, its hyperæmia being noticeable by enlarged blood-vessels, sometimes as red patches, and at others exhibiting an arborescent appearance; its thickness has always been found increased, and softening is not an unusual occurrence, its epithelial layer being then easily scraped off. It is not uncommon to meet with superficial ulcers or abrasions. On microscopical examination, fatty degeneration of the walls of the stomach has been unmistakably found, the degeneration extending as deeply as the small arteries; hence the ulcers and hemorrhages. The volume of the liver is augmented, but its density is diminished. Its color varies from the light yellow mustard or straw to the red orange, the yellow hue always predominating. Its consistency and cohesion are notably increased, and blood flows out in a very small quantity after an incision with the knife. The hepatic cells never fail to show fatty degeneration in the divers steps of its process, and the mucous membrane of the gall-bladder exhibits lesions very analogous to those of the stomach.

(To be continued.)

UTERINE FIBROIDS.

BY T. H. SQUIRE, M.D.,
of Elmira, N. Y.

[Read before the Third District Branch, N. Y. S. M. A.]

A UTERINE fibroid, a fœtus in utero, and an ovarian cyst may, under certain circumstances, simulate each other very closely in situation, size, form and density. Pregnancy, which ought to be the glory and joy of any virtuous female, being a physiological condition, need not be regarded by us when studying diseases. Uterine fibroids and ovarian tumors resemble each other in wider and more varied particulars. As to frequency of occurrence, I do not know that any very definite statistics have yet been obtained. A first impression, based upon imperfect individual observations, might lead us to say that uterine fibroids are much more frequent than ovarian tumors. But there are some sources of deception in such a conclusion. An ovarian tumor, when it occurs, seldom remains under observation more than four or five years, if left to the old mode of treatment—letting alone—and seldom more than one or two years if subjected to operation according to the present plan. Fibroids, however, last a much longer time under observation, and so the cases accumulate before our eyes. But, notwithstanding this, the fibroids actually occur in larger proportion than ovarian cysts.

These two types of tumors differ very widely in other particulars.

The fibroid, as the name implies, is a solid growth.

The cyst, as equally characterized by its name, is generally a thin sac or collection of sacs filled with water or a thicker fluid.

The ovarian tumor generally grows by a small and narrow neck or pedicle, and thence swells and expands like a balloon. The fibroid generally grows laterally on a broader base, and consequently it keeps more rigidly one definite locality, whereas the ovarian tumor is, to a limited extent, migratory, especially when it is young.

The ovarian tumors, if left to themselves, generally come to no limits in their size. They fill and greatly distend the abdomen, crowd the diaphragm upwards, and usurp the territory of the lungs and heart, compress every organ within their reach, and only cease their aggression when life yields to their demand.

The fibroids generally grow quite rapidly for a while, and then they seem to be stationary as to size, or they actually diminish in size and become latent or passive agencies in the individual, admitting many years, perhaps a whole life, of almost perfect health, enjoyment and usefulness in society.

The fibroids may sometimes be combatted successfully by medicines, but the ovarian tumors universally mock the materia medica.

Not so, however, when the surgeon comes forward with his knife and his ligatures, for then the ovarian tumor knows not how to defend its narrow base of supplies; whereas the securely anchored fibroid generally keeps the surgeon at bay.

The ovarian tumors generally conform very nearly to one line of manifestations; the fibroids cover a wider field of eccentricities. It may be interesting to very briefly hear how some fibroids have conducted themselves.

Dr. Chubbuck, whose name forms an obstetric milestone in Elmira, attended Mrs. J. C. in confinement Aug. 10th, 1879.

She was a slender woman, only twenty-six years of age; it was her first child. Her abdomen was very large. After a somewhat tedious labor a ten-pound child was born. "After the delivery," said Dr. Chubbuck in his report of the case, "I placed my hand upon the abdomen and found still a large mass high up and to the right; also, lower down and in the center, a tumor or enlargement where I supposed the placenta to be situated. In fifteen minutes slight uterine contractions occurred, and the placenta was felt in the vagina, from whence it was removed. But still the enlargement in the right and upper part of the abdomen remained. It was slightly movable, about the size of a fœtal head, regular in form, oval, and hard to the touch."

During the patient's recovery from confinement this tumor took a diagonal course downward and became fixed in a central position above the pubis.

I saw the case several times with Dr. Chubbuck in the next year or two, and we agreed in diagnosis that it was "*an interstitial or sub-peritoneal fibroid, situated in connection with the right lateral wall and summit of the uterus.*" We put a hypodermic needle in the tumor and found it solid. Well, a few years passed by and no particular change occurred. The tumor reached nearly to the umbilicus, and was a little more prominent on the right side of the median line. Dr. Chubbuck had died, and I saw nothing of her again till July, 1886. She had regarded herself as well, and had done full work for four years at least. But the tumor had been slowly increasing in size. For three months prior to her coming to my office last summer she had increased quite rapidly. She measured forty inches in circumference at the umbilicus, and I could detect distinct fluctuation. In September of last year she was larger yet, and I used a small trocar to the left of the median line, nearly opposite the navel, where the region of fluctuation could be best defined; but I was able to obtain only one pint of straw-colored serum. Now I will read my extemporaneous notes of another tapping that occurred December 22d, 1886.

"Since previous note, Mrs. J. C. has been in great suffering from extreme distension. She is extremely emaciated; her pulse small and weak; she cannot eat, or lie down, or sleep. In fact, she seems to be rapidly approaching her end Two days ago she thought she felt something give way in the abdominal wall. This morning, she being in a sitting posture in bed, I inserted a long hypodermic needle about half-way from the umbilicus to

the pubes, and one inch to the left of the median line. Finding fluid, I next used a small trocar in the same place, and obtained a full stream; but there was a limit to the out-flow, and after quite a little pressure and manipulation I withdrew only three quarts of straw-colored serum. I then removed the canula with a quick motion, and was surprised to find it followed by a full and perfect and continuous stream or jet of blood. This blood was received, as it flowed, in a clean basin. At length the stream began to weaken, and finally it stopped. Fully a pint of blood was thus obtained. It soon coagulated in the vessel. The patient was much relieved by the evacuation. My explanation of this blood is that it came from a hæmatocele in the abdominal wall, the result of a ruptured blood vessel two days ago."

Since this tapping she has been taking tr. of digitalis, 10 to 15 drops four times a day regularly till the present time, and is still taking the same; under the influence of which she has diminished in size, regained her flesh and ability to work. She is free from pain, eats and sleeps well, has given up the idea of dying, and expects to continue the digitalis. This case illustrates two things in particular: 1st, the tendency of certain fibroids to cause the accumulation of serum in the peritoneal cavity, and 2d, the excellent effect of digitalis in removing this accumulation.*

Some four or five years ago I was requested by a neighboring physician to take instruments and go with him to see a patient with a fibroid polypus that had recently developed within the interior of the uterus. Reaching the house, we found the patient, about 39 years of age, anæmic from previous loss of blood, and an ovoid tumor the size of a small fœtal head, say three and a half or four inches in diameter, occupying the vagina. To examine its attachment better we dragged the tumor still lower and found that the pedicle or elongated neck divided into two halves, one attached on either side of the uterine cavity—in other words, it had two pedicles. I first put the chain of the écraseur around one pedicle and ground it off; then I did the same with the other. The conclusion that we came to afterward, in a more careful examination of thé tumor's structure, was that there had been originally two symmetrical intra-uterine fibroids, and that, by long pressure, they had grown together in their bodies, and this explained the bifurcated neck and double attachment. The patient made a good recovery and is still living in good health.

The ovarian cysts, in number, are limited to the number of the ovaries—two—but the uterine fibroids are not limited in number; the same individual having, at the same time or in succession, two, three, six, or a dozen. The question of treatment is a very important one in respect to fibroids. Some had better be treated medicinally, some surgically, and some may be left entirely to nature.

The intra-uterine fibroids generally demand surgical interference on account of the repeated hemorrhages which they induce.

The extra-uterine, if they persist in growing, and in fretting the peritoneum, and in causing abdominal dropsy, etc., may call for great skill in the use of remedial agents, or may justify laparotomy and surgical removal.

The interstitial or intra-mural variety occupy a middle ground, and each case of this variety must be treated according to its own peculiarity.

I was called on February last to see Mrs. F., aged 52, a short, fleshy woman, whose weight had been as high as 170 pounds; had given birth to four children, the last one when she was 44 years of age. Since that time she had lost much blood at regular and irregular intervals, and at the time of my visit she was as white as a ghost and very anæmic. She had œdema of the feet, palpitation, shortness of breath, and was obliged to keep to her bed, but usually in a semi-sitting posture. A tumor had been growing for several years. I found the os uteri dilated to the size of a silver dollar, and a firm, large, hard tumor

* Mrs. J. C. is now (Oct. 15th, 1887) enjoying good health; but the fibroid is larger, quite distending all the right side of the abdomen, and there is also some fluid in the cavity. She continues the digitalis, in smaller doses.—T. H. S.

presenting there. At a subsequent visit some weeks later, after efforts had been made to increase the dilatation, I found room to admit various instruments to measure the size, form, and extent of attachment, etc., and then I discovered that it was intramural, about the size of a child's head—it reached to the umbilicus externally—and that its field of attachment was nearly the whole of summit and left lateral half of the uterus. It had too broad an attachment for the chain of an écraseur to be applied. I tried to drag the mass down with a strong volsellum, but the tissues seized gave way. I tried to obtain a hold upon the tumor with a small pair of obstetric forceps. I succeeded in placing both of the blades within the uterus, but they could not be properly adjusted and locked, on account of the broad base. I must have used considerable violence upon the growth with the thin edges of the blades of the forceps. I then extemporized a large blunt hook, (a mammoth needle with large eye in its beak), intending to put a deep stitch with strong cord through the middle of the tumor, and thus have a bridle or halter by which traction could be used from time to time: thus endeavoring to aid nature in bringing it into the vagina. I put my blunt hook, threaded, through the mass, but I could not seize and secure my loop. Taking it altogether, the tumor received pretty severe handling that day, inside and out, with instruments that did not cut, but bruised and punched and lacerated and tore. The patient was quite fatigued, but the loss of blood was but little. As the result of this violence, suppuration, sloughing and disintegration commenced, which finally caused the whole tumor to melt away and disappear; and the patient is now much improved in her health, with fair prospect of complete cure. A valuable lesson is to be drawn from this result.

Only two weeks ago I was invited by the Secretary of this branch association to see a married woman aged 53 years, the mother of two children. She began to be aware of increasing fullness of the abdomen twenty years ago. First noticed a protuberance in the right side of abdomen in 1879. In the next two years she was examined by Professors White of Buffalo, Thomas of New York, and Hewson of Philadelphia, the prevailing opinion being that it was a fibroid. Her periods ceased at the age of fifty-two years, having been somewhat irregular and at times profuse prior to that time. Lately—that is for some years past—she has been growing fleshy. Last March she began to have chest and stomach symptoms, and since then she has been quite sick all the time, vomiting, cough, dyspnœa, some bloody expectoration, increase in size of the abdomen, œdema of the feet, pains in different parts of the body, at times scanty urine. At my examination she measured 45 inches at the umbilicus, and a distinct tumor could be felt filling the whole right and lower part of the abdomen, and there was evidence of a thick abdominal wall, from adipose tissue, and besides a considerable quantity of ascitic fluid in the peritoneal cavity. This was afterwards proven by the use of the aspiration needle. The urine was found to be loaded with albumen, and the heart's action was feeble and irregular. We put her upon 10-drop doses of tincture of digitalis four times a day, and the same treatment is being continued. with improvement of the symptoms, This case we regard as one of large uterine fibroids pressing for a long time upon one or both kidneys, causing albuminuria and all its attendant symptoms.

Now I must make this paper short.

In summing up the subject I may say, fibroid tumors of the uterus are frequently met with in married and unmarried females between the ages of puberty and the menopause, but not as frequently as would seem to be the case, owing to the length of time that these tumors usually remain under observation.

2. These tumors often develop quite rapidly for a while, then become stationary without much detriment to the individual, and they sometimes spontaneously recede or entirely disappear.

3. They seem to be somewhat under the control of remedies, especially of ergot and digitalis.

4. When they grow within the cavity of the uterus they cause continuous

and wasting hæmorrhages, and their removal is urgently demanded. This can generally be done easily with the écraseur or otherwise.

5. Where they are interstitial, or submucous, and are large and cause extreme pallor, and even threaten life by repeated or continuous hæmorrhage, surgical interference becomes sometimes a very serious undertaking. Measures calculated to ensure gradual disintegration and removal by a gradual and natural process are sometimes wiser than more radical effects involving the speedy removal of tumor, uterus, and all, as may now and then be safely accomplished, and may now and then result in speedy death.

6. In the case, like the one last reported, where the growth takes place towards the cavity of the abdomen, rather than towards the cavity of the uterus; where the tumor becomes large and seriously impairs the health by pressure on the kidneys or otherwise, the question of laparotomy and removal of the whole or a part of the uterus may be contemplated; and in this direction modern surgery has recently achieved some very great successes, and doubtless also met with some very sad failures. Fortunately, the cases requiring such heroic measures do not occur very frequently.

My thanks for your attention in listening to this very imperfect presentation of a very interesting subject.

A CASE OF ACUTE PURULENT PERITONITIS TREATED BY LAPAROTOMY AND IRRIGATION.

BY BENJAMIN T. SHIMWELL, M.D.,

Chief of Surgical Clinic and Lecturer on Minor Surgery in the Medico-Chirurgical College of Philadelphia.

I WAS called on the 12th of last September, by Dr. J. B. Turner, in a case of peritonitis, for consultation with regard to the advisability of laparotomy.

The patient was a man, æt. 36; a freight conductor. He had, nine days before, been taken suddenly, while in bed, with a sharp, intense pain in the abdomen. This continued and became diffuse; it was followed by all the symptoms of an acute attack of peritonitis.

When I saw him he was still suffering considerable pain; the abdomen was tense and much enlarged; there was marked tympanites; the liver-dulness was entirely lost. There was fever, but the exact temperature was not taken at the time. The face wore an anxious look; there was difficulty in breathing, burning pains in the extremities, and in fact every indication of imminent fatal ending.

There was a history of typhoid fever, which had occurred nine months previously, and had run a typical course. As soon as convalescence had well started, he had gone back to his work.

The opinion of the doctor in attendance was that it was a case of intestinal perforation. This was based on the previous typhoid fever, the suddenness of the attack, the gravity of the symptoms, and the amount of tympany.

After explaining to the family the certainty of death in the present condition and the possibility of being able to do something for him by abdominal section, they consented to the operation.

At 8.30, on the same evening, the patient was etherized; when he was put on the operating table he showed considerable depression; the skin was cold, pale, and bathed in a profuse perspiration. The heart was rather feeble and irregular. It was known that the patient had a mitral murmur.

After everything had been prepared antiseptically, I made the incision from below the umbilicus to just above the pubes. After reaching the transverse fascia, I found considerable difficulty in separating it from the parietal peritoneum. Upon opening the peritoneum a considerable quantity of gas escaped; and along with it a pale-greenish, purulent fluid. Inside the abdomen, wherever the hand moved it was met by adhesions. The bladder could not be reached, the adhesions forming apparently a roof to the pelvic inlet. Finding that nothing could be done with so small an incision, I extended it above the umbilicus, making an incision about eight inches in length. The same condition prevailed everywhere; the only places where any separation of the intestines was possible was between the transverse

colon and the small intestine, and between the jejunum and ileum. The stomach could not be found as a separate organ; the liver was also covered by the adhesions. In fact, the whole peritoneal surfaces were glued to each other, so as to make it impossible to separate them. After extending the incision, there was an increase in the discharge of the purulent fluid; in all between two and three quarts must have escaped. Finding that it was impossible to locate the cause, I washed out the abdominal cavity with carbolized solutions until the fluid passed out perfectly clear. A drainage-tube was then introduced, the abdomen closed, and the patient put in bed. Hot bottles were placed around him, hypodermic injections of whiskey and digitalis were administered, and he began to rally immediately. He was perfectly conscious in an hour; mind was clear and calm; there was no excitement; temperature was normal; pulse full and regular; and he did not complain of pain.

At one o'clock next morning he was still comfortable; no pain; temperature and pulse the same. I saw him again at 5 A. M. He was still the same, but more restless. I left him with no anxiety. After I left, the restlessness increased, and he expired suddenly at 9 A. M., with heart-failure, about thirteen hours after the operation.

I think the operation was justifiable, though the condition of the abdominal cavity was such, if it had been known, as to deter one from operating on account of the slight chances of recovery; but yet the favorable change in the patient's condition after the operation showed the amount of good derived from evacuating the cavity of such fluid as it contained. The advantage of cleansing the cavity of septic matter is that it not only lessens the disposition to septic poisoning, but also the amount of inflammatory action by removal of the irritant. Tension was reduced not only by the evacuation of the fluid, but also of gas that had formed in the abdomen. There was no shock or depression, but on the contrary an amount of relief that the patient both expressed and showed in the face. If this much could be gained from so bad a case, how much more favorable would it have been in a case of less severity? The operation did not lessen the patient's chances one iota, because his evident improvement afterwards proved that it was of decided benefit to him.

Death was due to the condition of system from the severity of the illness, and directly to a heart with organic lesion, and weakened by a long strain, which suddenly failed in its action. If this patient had been operated on earlier, there is no doubt that a more favorable conclusion might have been reached; but the newness of the operation no doubt made the attendant hesitate to assume the responsibility of advising operative interference, until late in the course of the disease.

1253 South Seventeenth St., Phila.

A SHORT ACCOUNT OF A PECULIAR DISLOCATION OF SOME BONES OF THE FOOT, WITH FRACTURE.

BY OSCAR J. COSKERY, M. D.,

Professor of Surgery in the College of Physicians and Surgeons, Baltimore, Maryland.

WILSON R., aged 35, was struck by a slowly-moving train, and received the following injuries, for which he was admitted into the City Hospital, Baltimore, a few hours after the accident occurred.

The right leg had been crushed just below the knee, and was nearly off, being only attached by the skin of the popliteal space. The left foot presented the peculiar deformity shown in the cuts.

Owing to great shock, no operation could be done until May 22d, when amputation of the right leg and resection of the left foot were performed; but were followed by death on the 23d, the patient never rallying. The point of interest in the case, outside of the unfortunate termination, was the diagnosis as to the exact injury of the left foot. This will now be described.

On the outer side, and just below the tibio-tarsal joint, there was a very small wound of the skin, through which blood was oozing rather freely. The skin was found to be separated for some distance in every direction from

this opening from the deeper structures, and grating, on motion, showed fracture of the bones of the tarsus. Under chloroform, an attempt was made to reduce the deformity. This attempt was not successful, and an incision was carried over the dorsum of the foot at the point of greatest convexity. Up to this time it was supposed to be a case of dislocation upwards and outwards of the three inner metatarsal bones. When the bones were reached, however, the following conditions were found:

FIG. 1.—Side View.

FIG. 2.—Front View.

There was a comminuted fracture of the internal cuneiform bone; the anterior half had remained in contact with the first metatarsal, and a portion of the cuneiform required resection before reduction could be accomplished. The second and third metatarsal bones were cleanly dislocated from the middle and external cuneiform bones.

After death all three cuneiform bones, the scaphoid, and the astragalus were found comminuted.

My theory as to the production of this injury is as follows:

The patient had been seen by the engineer of the train too late to prevent the accident, but in time to allow slowing up of the moving train. After crushing the right leg as described, the broad portion of the slowly-moving wheel caught the left foot, the outer side of which was upon the ground, or rail, and, without any further wound than what might have been produced by any small pebble, the anterior half of the foot was simply pushed upwards and outwards from its normal position.

624 NORTH CALVERT ST., BALT., MD.

TRANSLATION.

TREATMENT OF DIPHTHERIA.—Simon recommends (*Progrès Médical*, June, 1887) local and general treatment. For the throat he uses the following:

℞ Acid. salicylici..... 0.50 Grm.
Decoct. eucalypti.....60.
Glycerini.....30.
Alcoholis .....12. M.

Apply each hour with a brush, detaching the false membranes, if possible. If the child is old enough, gargles of boric acid (four per cent.), lime-water, or potassium chlorate are ordered. A piece of flannel or wadding is applied to the throat, containing an ointment of iodide of potassium and extract of belladonna. Internally, Simon gives tincture of the chloride of iron, from three to six drops every three hours to infants. If the child is over six years of age, the oleo-resin of cubebs in an aromatic solution is given, with nourishing diet. The room should be kept at an even temperature, and the air kept moist by atomizing a solution of thymol. If croup occur, ipecacuanha is given; and when suffocation threatens, tracheotomy should be performed early.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, NOV. 1, 1887.

EDITORIAL.

THE PREVALENCE OF PNEUMONIA IN BRITISH AMERICA.

PROFESSOR GEIKIE, the learned Dean of Trinity Medical College, Toronto, gave an instructive paper to the late Congress upon the prevalence of pneumonia in British America. By personal observation, and by correspondence with trustworthy practitioners in every section of the country, he was enabled to map out the regions in which pneumonia exists, either in its simple form or in combination with malaria or typhoid fever.

Those who attribute this affection solely to the effects of exposure to cold and dampness will find it difficult to account for the fact that pneumonia is not especially prevalent in the higher latitudes, where these conditions exist to an unusual degree. In fact, this disease prevails to a greater extent among those who are comfortably housed in Toronto or Montreal than among the inhabitants of the inclement wilds of the Hudson's Bay territories. Lumbermen, who are often drenched to the skin in cold weather without an opportunity to change to dry clothing for days, hunters and trappers, who are exposed to all the vicissitudes of their wild life, do not suffer from pneumonia in as large a proportion as the city laboring population.

But to those who maintain the theory that pneumonia is caused by a specific micro-organism or disease germ, Dr. Geikie's statistics are still more disastrous.

In the vast solitudes of the extreme north of this continent a population can scarcely be said to exist. A few hundred wandering savages, red and white, with here and there an isolated settlement which has grown up around a trading station, are scattered over a territory which, in a more genial clime, would sustain millions of human beings. During the larger part of the year communication between these remote hamlets is impossible; and even in the summer months social intercourse is extremely limited.

Under such circumstances contagion is almost impossible; and, when it does occur, the origin and the progress of the disease can be traced with the utmost precision. If but a single visitor happen along in the course of a summer, and his advent be followed by an outbreak of small-pox, there can be no such uncertainty as to the source of the pestilence as may exist in thickly-settled districts, where the possible sources of contagion are so multiplied and varied. How, then, can we account for the presence of pneumonia in these isolated hamlets if the disease be due to a contagium vivum? Obviously, we have to choose between four solutions of the difficulty. Either the disease is due to a germ so universally diffused that it exists even in uninhabited solitudes; (2) that this germ may be spontaneously generated under appropriate circumstances; or (3) it is not due to a specific infectious germ at all; or (4) finally, there is a group of diseases which are called pneumonia; of which one may be caused by a specific germ, and another by only a simple inflammation due to refrigeration or to various kinds of non-specific irritants.

Dr. Geikie's paper contributes a variety of information in which medical literature is sadly deficient. Similar reports from all parts of the

country could be made with advantage; and would possess a value much greater than the useless repetitions of reports of single cases and of matter that has already appeared in our text-books, which needlessly swell the volume of periodical medical literature.

W. F. W.

THE TREATMENT OF KELOID BY ELECTROLYSIS.

IN the PHILADELPHIA MEDICAL TIMES for May 26th, 1886, Dr. W. A. Hardaway, of St. Louis, published a short account of the successful use of electrolysis in keloidal growths. In recent numbers of *La Thérapeutique Contemporaine* (Sept. 9th, 16th and 23d), Dr. L. Brocq, one of the most progressive of the younger French dermatologists, reports three cases of keloid treated in the same way, with like satisfactory results. He employed a bichloride of mercury battery of 23 elements (*Pile Chardin*). The positive electrode is a metallic cylinder covered with chamois skin which is moistened with a salt solution. This the patient holds in one hand. The negative electrode is a fine irido-platinum needle. A fine steel needle would answer equally well. A shoulder of wax is attached to the needle at a distance from the point corresponding to the supposed thickness of the growth. An experienced operator would not require this, however, as the proper depth to which the needle should penetrate is easily estimated. In order to reduce the pain of the puncture, Brocq gives the needle a rotatory movement, when it penetrates readily. After inserting the needle in the tissues, the current is slowly turned on until the galvanometer marks about five milliampères. After allowing the current to pass for a sufficient time, it is cut off before the needle is withdrawn. In fifteen to thirty seconds a whitish zone of from one-fourth to one-third of an inch in diameter is produced with a current of the above strength. A second puncture is made about half an inch from the first, and so on until the surface of the keloid is covered with punctures at the intervals mentioned. It is not necessary to make the punctures closer together. Stronger currents were used in one case (10–15 milliampères), but produced severe pain and intense destruction of tissue, resulting in small interstitial hemorrhages. The lesions produced by the punctures heal up in from one to two weeks.

The pain may be mitigated by injections of cocaine; but in one case in which this was tried, the patient preferred to bear the pain, on account of the disagreeable general effects of the cocaine.

The pain produced is always bearable. It rarely continues longer than a half-hour or an hour after the operation; sometimes it ceases immediately.

The operations may be repeated at intervals of eight days.

The curative action of the electrolysis is not limited to the points touched by the needle, but seems to extend some distance around the needle. This had already been pointed out by Hardaway.

Electrolysis may also be combined with linear scarifications and the application of *Emplastrum de Vigo*, as practiced by Vidal, in cases in which electrolysis seems inadequate alone to produce a cure.

It is pleasant to note that Dr. Brocq gives full credit to his American confrère for having introduced this addition to our therapeutic resources in a disease looked upon as incurable by so many surgeons.

G. H. R.

AN ATTEMPTED CHOLERA SCARE.

THE chief stock in trade of some journals is sensationalism. The readers of papers published under such management are kept in a constant state of anxiety and alarm, by hasty and prejudiced statements based upon the barest possible substratum of fact. The general estimation of periodicals conducted after this style is that they do not keep up with the higher plane of journalism, but descend to arts that cannot fail to make the judicious grieve, in order to attract the attention of the vulgar.

Medical journals belong to a form of technical and scientific publication that is relieved to a large extent from temptation to indulge in sensationalism. When an opinion is given editorially, it is supposed to present a sort of judicial expression upon the question under discussion, quite free from prejudice, bias, or special pleading. It is held to be understood that the only ends that should be subserved are those that the fallen Cardinal advised Cromwell to aim at; nothing else will have permanent value, or retain the good opinion of those whose esteem is worth possessing.

These observations seem called for by the arts adopted by some medical journals in order to attract the attention of the secular press, and to increase the stock in trade of those "teachers of disjointed thinking," as Dr. Rush termed them, by furnishing the means to alarm their readers. We deprecate this style of journalism, whether technical or popular; it panders to a morbid desire for excitement which is a prolific source of disease, if indeed it be not itself a symptom of a widespread disease. The *Sturm und Drang* of modern life bears hardest upon the weak. Parents whose nerves are overtaxed, and who live in a state of constant nervous erethism, cannot have sturdy, healthy offspring. For the sake, then, of the community, and the welfare of those who are to come after us, let us regard it as a part of a physician's duty to quiet the apprehensions of our patients and of the community in which we live. If medical journals pursue a contrary course, they must expect to meet remonstrance; and ought to be rebuked by their readers should they continue their indulgence in sensationalism.

With regard to cholera, there is now little cause for alarm. Thanks to Koch and other able investigators, the etiology of the disease is well understood, and the means of preventing an epidemic are known, and may be easily applied. Philadelphia, at all events, is not in a position to suffer severely from its invasion. F. W.

NOTES FROM SPECIAL CORRESPONDENTS.

PARIS.

TREATMENT OF PENETRATING AND PERFORATING WOUNDS OF THE INTESTINES WITHOUT OPERATION; THE FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCES; COCA IN GASTRALGIA; THE RETRO-STERNAL PULSE; TREATMENT OF HÆMORRHAGE BY REVULSION IN THE HEPATIC REGION; THE PREVENTION OF CHOLERA AND TYPHOID FEVER BY PURIFYING THE DRINKING-WATER; THE PHYSIOLOGICAL ACTION OF CYTISUS LABURNUM; VERNEUIL ON THE NON-EXISTENCE OF SPONTANEOUS TETANUS.

TREATMENT of Traumatic Perforations of the Intestines, etc.—Professor Réclus, in his interesting surgical clinics at the Hôtel Dieu, again calls attention to the important subject of penetrating wounds involving the intestines. It is quite certain that American surgeons have gone very far when, without quoting statistics of any kind to prove it, they say, with Dr. Warren

(in the *New York Medical Journal* of September 17th): "That the prognosis in such cases (gunshot-wounds) is always death when left to the old mode of treatment. This is far from true. On the other hand, if every village doctor is going to perform laparotomy in every such case that arises,—for it has come to this: that the operation is on all sides advised *at once*, and all doctors are urged to begin to try their hands on dogs, so that they will be ready at any instant to do laparotomy if called to attend a case of gunshot-wound of the abdomen,—if this is to be the order of the day, there will be plenty of what M. Réclus calls "surgical assassination" going on. Certainly we are all aware that, under certain antiseptic precautions, the belly may be opened, and no one is afraid to open it when necessary to see what may be going on; but that must not be confounded with an operation that takes *hours* to perform properly; where the whole of the intestines must be taken out of the abdominal cavity, and every inch of them carefully manipulated. When one perforation is found and obliterated, that is nothing; for, as a rule, there are at least four or five, perhaps a dozen of them. The same ball can pierce the intestine twenty times, as has been proved by experiment. Légouest says: "The lesions of the intestines made by firearms are almost always multiple." The average is five wounds per ball. Again, there is nothing so difficult as to recognize and locate perforations of the intestines. As good surgeons as Kinloch and Lloyd have closed the abdomen without having found all the perforations. What then will the mass of physicians do in this long search, which, even when done with the highest skill, nearly always ends with shock and peritonitis? So that, if laparotomy is to be the only treatment in such cases, there will be no use in protesting against the old saying that "Death is sure when the intestines are perforated," for, in twenty-one recent cases, three successes are recorded! How many, we may ask, would have been saved by the old treatment?

It must be remembered, first, that the diagnosis is very difficult to establish in many cases. It is rare, but it has occurred, that the bullet may pass between the intestines without opening them. However, as the rule, penetrating wounds and intestinal perforations are almost always synonymous terms. It won't do, though, to say as Dr. Warren does, that "having noticed the legs drawn up on the thighs, and these upon the abdomen, I felt certain that there was a perforation." These symptoms are common to many diseases, and certainly are not symptomatic of perforation!

Dr. Réclus brought forward several personal cases, and proved that it is quite possible that intestinal wounds can get well without operative interference. One was that of a young student who was practicing with a revolver, and who managed to shoot himself close to the umbilicus. The ball probably passed through the intestines and lodged in the psoas muscle. He was completely cured by the old methods, and carries his ball about with him along the streets of Paris without in the least knowing it. M. Tissier relates a similar case, the patient also being still alive and well. But quite a number of such cases exist in medical annals, related by Travers, Dupuytren, Hayes and others. Janes, of Waterbury, gives thirty-seven cases of penetrating wounds of the intestine with clear symptoms of hæmatemesis; in some the ball was even found in the stools. Still they were all cured. Why, then, should death be so certain as the laparotomists claim? They answer that fæces will pass through the openings, and will surely provoke peritonitis. But Barnard, in a late thesis, says that aliments and fæces were only found six times, and nine times not, in the cases he gives where laparotomy was performed and it was possible to see.

Again, much will depend on the state of the intestines at the time of the wound. Professor Réclus and M. Noguès, his interne, have been engaged for a long time in making a series of experiments on dogs. It is well known that traumatic perforations of the intestines are very grave in such animals; and indeed, as a rule, they die. Indeed it is quite likely that M. Réclus is the first who has been able to make dogs

survive after wounds of the abdomen. In order to obtain this result, he first purges the dog, and then deprives it of food for two days, when the wound is then made. The food is again almost stopped, while large doses of morphine are given. The result is frequent cure. To prevent effusion into the peritoneal sac, one must stop all liquids as well as solids, and immobilize the intestines with opium. It does not take long for such wounds to heal; sometimes only a few hours, or at most a very few days. Adhesions are soon contracted by a well-known process that need not be described. Feeling sure that cure is possible, M. Réclus rejects immediate laparotomy as a dangerous operation, often incompletely made, and nearly always, to say the least of it, useless. In its place he proposes a modified form of the old treatment: First, as quickly as possible after being called to such an injury by knife-wound or pistol-shot, he insists at once on the patient not moving hand or foot. He is made to lie still while his clothes are cut from him, while he still is in the horizontal position. After this disinfect the orifice of the wound, close it with a little iodoformized collodion; then immobilize the patient in a thick coating of cotton wadding, which must be then compressed with a flannel belt tightly pinned on, in the same way as after an ovariotomy. Inject at once two to three centigrammes of morphine, and give as much dry extract of opium by the mouth. During the first five or six days food must be withheld; at most a few teaspoonfuls of iced milk are given, and some small lumps of ice are allowed, to quench thirst. Only last winter we saw two patients of M. Réclus with penetrating wounds of the abdomen, so treated with entire success; and at the present moment he has a man in the wards who attempted to commit suicide by shooting himself in the breast, both on the right and left sides. We saw him ourselves this morning, and it is now the fifth day since the shooting, and he is going on quite well under the old treatment, and without any rise in temperature. When brought in, he was vomiting and spitting blood.

It must not be understood that M. Réclus never does laparotomy in such cases. If, notwithstanding the above treatment, symptoms of peritonitis set in, he operates; but he considers the operation itself a dangerous and uncertain one. But, since it gives a last and forlorn hope, he tries it *after the old treatment has failed;* and not, as many would have it, as an operation to be done at once, for fear that it will not succeed later,—which, it is true, it often does not, no matter at what time it is done. We hope that some of our prominent surgeons advocating laparotomy will answer M. Réclus' arguments, which are to be published shortly, with details of his experiments with M. Noguès on dogs, at considerable length.

The annual meeting of the *Association Française pour l'Avancement des Sciences* has just held its sessions at Toulouse. We give some of the most interesting of the proceedings of the Medical Section.

M. D'Ardenne spoke on the "Action of Extract of Coca in Painful Affections of the Stomach." He had been trying it since 1885, and found that it will bring about a rapid suppression of pain in gastritis and other annoying stomach-complaints, acting indeed, in some cases, where morphine had no effect. He uses the following formula:

℞ Extract. erythroxyli .10 grammes
Syr. aurantii flor.....50 grammes
Aqua tiliæ.....100 grammes
M. S.—Give a spoonful of the above every hour until pain ceases.

From seven to nine grammes of the coca extract have been found to be the usual therapeutic dose for most stomach-pains. M. Salet, on the other hand, had been studying the "Physiological Action of Cocaine," first alone, and afterwards with alkalies, then with a small amount of morphine added, also to suppress pain in the painful affections of the stomach and the digestive tube. It results from the last study that cocaine has an action on the digestive mucous membranes similar to that it shows on external membranes. In order to make its action complete, it is well to encourage the action of the gastro-intestinal secretions; so, therefore, alkalies must be added. Lastly,

so that the action shall reach its maximum, it is best to add a small dose of morphine to the rest of the mixture. (We hope no one will rise here and say that the sting is in the tail.)

M. Maurel presented a study of what he calls "The Retro-Sternal Pulse." He had examined in all some 500 persons,—200 being well people, and 300 ill patients. The pulse is felt by depressing strongly the integuments at the lowest part of the neck in front, above the interclavicular notch of the sternum, pressing the index-finger about a centimetre below and behind the superior border of this bone. In healthy subjects the pulse is felt here, as a rule, only in about ten in a hundred; but in ill people the retro-sternal pulse was found in thirty-seven out of a hundred. It was always present in lesions of the heart and in the first period of typhoid fever. This pulse would seem to be due to the action of the left innominate vein, which is raised by the arterial pulse of the great vessels that come off from the arch of the aorta, and above which it lies. Dr. Maurel gives the facts in résumé of his interesting study of this pulse, which has, so far as we know, passed hitherto without notice. 1st. In a certain number of cases, by compressing the integuments above the interclavicular notch of the sternum, and by following the posterior plane of that bone below a quarter of an inch, one can feel the beating of a retro-sternal pulse. 2nd. This is sometimes felt in healthy persons, but not so frequently as in ill people. 3rd. It seems to come from the large arteries that branch off from the arch of the aorta and transmit their beats to the left innominate vein. 4th. In some patients this pulse should be considered as an important symptom. 5th. It is quite frequently found in cases of typhoid fever. 6th. Its cause varies: in the normal state it may be owing to some special anatomical disposition; in the pathological state it may be owing to the approach of the left innominate vein to that part, owing to its dilatation by an interference with the returning circulation, or it may be owing to a passing dilatation under the influence of a diminution of venous tension. Finally, it may be owing to an insufficiency of the tricuspid valve. This symptom should be of service in diagnosis and prognosis of certain diseases. It certainly constitutes a practical means of following the state of venous tension in man.

Dr. L. H. Petit, of Paris, the learned librarian of the Paris Faculty of Medicine, had a paper on "The Treatment of Certain Hemorrhages by Revulsion over the Hepatic Region." Prof. Verneuil had spoken of this matter last winter, and Dr. Petit then showed that it was known to Hippocrates himself that certain cases of epistaxis were dependent upon some liver affection, and revulsion over the hepatic region or cold douches would stop the bleeding. Hankin, in England, also spoke of this method in secondary bleeding, and its cure by a vesicating plaster over the liver. Dr. Petit presented the details of a number of new cases confirming these facts. A late one was that of a patient of Dr. Verneuil, in which a secondary hemorrhage was constantly reproduced in a suppurating centre. After examination, it was discovered that the man's liver was in a morbid state, and the application of a vesicating plaster over it brought about a cure after everything else had failed. The same was true of some cases of rebellious forms of epistaxis. The theory of reflex action between two different regions seems to explain the action. The liver certainly appeared to be the cause of the hemorrhage, and it was only logical to try energetic revulsion over the right hypochondrium to cure the distant hemorrhage, which in fact was at once arrested.

M. Tellier spoke on the interesting subject of "*cooked water*," and the means of preparing it. The most important question of the day—if it is true that typhoid fever, cholera, and many other diseases are conveyed to us by the water we drink,—is certainly how to get pure water free from the micro-organisms. At present two methods are used: one is the employment of antiseptics, and the other is boiling the water. The first is very uncertain, as far as drinking water is concerned; and as to boiling the water,

it also presents several difficulties. First, the boiling point of water they tell us is not high enough to kill all the microbes. Secondly, in boiling it the air is driven off and the water becomes very heavy and indigestible. Thirdly, the calcareous salts are all precipitated and the water is less sapid; the same happens to earthy parts, so that such water is disagreeable to drink. To prevent all this M. Tellier proposes to use "*cooked water*," which can be prepared in a tight metallic recipient, which can support a pressure of six atmospheres. This is arranged so that it is boiled in salt water or heated by steam up to temperatures varying from 104° to 150° centigrade. The consequence is that it furnishes a water that is cooked without pressure, in which the air remains as it was, and the carbonic acid has not been driven off and the calcareous salts remain, so that the water is palatable as well as healthy. There is an arrangement on the apparatus to filter the water and air used as well.

The Physiological Action of Cytisus Laburnum.—From a study made by M. M. Provost and Binet, it would seem that this drug, called here *cytise*, is a new and excellent emetic. It causes vomiting by a central action very rapidly, better by hypodermic than by the usual administration by the stomach. To the emetic action in larger doses is added a paralyso-motor action that is quite similar to, if it is not identical with, that of curare. A large number of experiments were made upon animals, and 0.05 of the watery extract per sub-cutaneous injection usually caused vomiting in six minutes; per stomach it took 15 to 20 minutes. In both cases there was no intestinal disorder following the vomiting. The bile secretion was not modified as to quantity, nor was there any modification of the arterial pressure.

On the Non-existence of Spontaneous Tetanus.—Professor Verneuil has just communicated to the *Académie des Sciences* his ideas on this subject. He said: That the etiology of tetanus still divided the pathologists; one party, that may be called the *Dualists*, admit that this succeeds a wound frequently, and that it may arise without any solution of continuity at all, under the influence of different causes, the most important of which is cold or a chill, from which they make two kinds: surgical tetanus, and medical or spontaneous tetanus. The other party, or the *Unicists*, do not admit a double origin; for them the only origin is in a traumatic or pathological solution of continuity; external or internal, it is the same thing for them. The first opinion is the old one, and it is founded on a negation, that is to say, the impossibility of finding always the initial trauma, while the unicists base their ideas on an affirmation: that of the existence of a constant trauma somewhere to account for the tetanus. Most of the observations of spontaneous tetanus are open to doubt. A traumatism almost microscopic in character can easily be followed by real traumatic tetanus: burns, ulcers, frost-bites, or any inflammation, may be the point of departure of a tetanus, but this cause is pathological, not spontaneous. Again, wounds that have been closed by a complete cicatrization for months and even years, may be the starting point; and I believe that a cause can always be discovered in some solution of continuity present or past, so that I am a unicist of the convinced order, and my argument for that belief is as follows: An opinion has been formulated within a few years by some distinguished surgeons, who have not followed it up, that tetanus can be assimilated to the microbian diseases, virulent and infectious. I admit that this theory is not yet established, but it is making great progress, and I for one resolutely adopt it. It disposes of the spontaneous idea at once, for if tetanus is virulent it can have but one real cause, that is a virus coming from without and penetrating into the organism at a certain moment; but not forming there, not spontaneous. The pathogenic problem is now reduced to discover how and when it penetrates, and what are the circumstances that favor it or prevent its entrance. If we hold that it always enters by some traumatism there is only one method, that is by "*effraction;*" but the infection may take place when there is a pathological solution of continuity, inflammatory or

even traumatic, and when it is covered over by a granular membrane that protects it, and one may believe that the virus can penetrate without any violence, so that we can admit a second form or "*tetanus by absorption.*" Inasmuch as certain patients have taken it while they were quite sound, by simply sleeping out all night or by falling into a river, we must admit also that they have absorbed the tetanic virus by the respiratory mucous membrane. What I wish to insist upon is, that there is no spontaneous tetanus, as we find a constant and identical poison as a cause for it; so that there is no use searching if the tetanus is medical, surgical, or idiopathic, etc., as it has no practical importance; but we should search with great care where and how the virus penetrates, in order to prevent it and cure it if possible.

THOMAS LINN, M.D.

Paris, Oct., 1887.

NEW YORK.

DURING the past several weeks our city has been fairly freed from the infectious diseases, excepting diphtheria; of which there has averaged about sixty cases a week with a mortality of one in three. Physicians say there is more than the usual amount of malarial symptoms complicating their cases of bronchitis, diarrhœa, headache and minor ailments. This is to be accounted for presumably by the unclean condition of our streets (excepting perhaps some of those lying between Broadway and Lexington avenue, which are lined largely by private dwellings), and also by the upturning of pavements for the laying of steam-heating pipes, gas pipes, electrical, telephonic and telegraphic wires, etc., which during the last few months prevails more than ever before throughout the city, particularly along the principal thoroughfares. That which has impressed foreign and home physicians visiting the International Medical Congress at Washington, and the American Gynæcological Society and New York State Medical Association at New York, is the great contrast between the evenness and cleanliness of the streets of the two cities.

During the past summer, Mayor Hewitt enforced the ordinance requiring all ashes and garbage to be kept on the premises, and not placed on the sidewalk until the scavenger came to cart it away. This rendered the streets less unsightly, but it did not have the effect of bringing the cartman around any more regularly, while in the tenement neighborhoods it confined the foul emanations of decomposing vegetables and flesh in the halls of the living. In the editorial columns of the *New York Medical Journal* was an excellent suggestion, namely, that each family be provided with at least two covered cans; that the scavenger collect the filled ones daily, convey them to the dock or place of deposit, there empty and disinfect them, and return them the following day.

While speaking of the cleanliness of cities, it might be remarked that physicians, and especially those who have a hospital practice, have had the question of antisepsis so thoroughly dinned into their ears for the past few years that they are becoming more and more impressed with the necessity for striking at the root of the evil of ill health, by making it possible for residents of large cities to live cleanly, to constantly inhale pure air, and thus at once to prevent the development of filth diseases; or should they once develop, to make it possible for the poorest as well as the richest classes to successfully combat them. Some physicians with whom the writer has conversed on the subject think it not utopian to look forward to the day when all sewer pipes, gas pipes, heating pipes, wires, etc., will be placed in one underground conduit, thus dispensing with the necessity for tearing up the streets; when the sidewalks and pavements will be smooth and impervious to water and gases, and vehicles will generally be run by electric or other motor, thus dispensing with the noise and filth of horses; and when a stream of pure water shall flow through the streets, carrying away the sweepings of the pavements. Our city officials give as one excuse for dirty streets the fact that grocers and others allow their wagons when not in use to obstruct them and interfere with the sweeper. But if they would only clean even the middle of the streets once daily, the residents who now find

it useless to sweep their rooms and sidewalks, as the dust all returns with the next wind, would gladly meet them on this half-way ground. In a nutshell, the real difficulty in all probability consists largely in political corruption; in wrongful use of the public moneys.

The College of Physicians and Surgeons formally opened the fall and winter session to-day, at the new building (erected with money presented by Mr. Vanderbilt) on West 59th street. On the same grounds is the building called the Vanderbilt Clinic, and the Sloane Maternity Hospital, gifts of the Vanderbilt family. In the erection of the buildings attention has been given to utility rather than to ornament, yet with all its simplicity the whole establishment is pleasing to the eye.

The University of the City of New York, apparently determined not to be outdone, has the past summer torn out and reconstructed the interior of its main building, and is proceeding to build the new laboratory, called the Loomis Laboratory, for the erection of which one hundred thousand dollars had been donated.

Somewhat less than the usual number of papers were read at the meeting of the New York State Medical Association, held at the Brunswick Hotel, September 27th, 28th, and 29th. The proportion of gray-haired and bald-headed gentlemen present was somewhat notable. Among the interesting communications might be mentioned the President's (Dr. Isaac E. Taylor) address, discussing lupus serpiginosus of the cervix uteri and female genitalia; the discussion on the management of compound dislocation of the ankle joint, opened by Dr. E. M. Moore, and continued in its separate aspects in laudably brief papers by Drs. Uri C. Lynde, Joseph D. Bryant, Charles W. Brown, and Frederick S. Dennis; the address on nosography, by Dr. Gouley; the discussion on typhoid fever, opened by Dr. A. L. Carroll, continued by Drs. E. G. Janeway, H. M. Biggs, D. E. Salmon, D. V. S., Drs. C. A. Leale, E. D. Ferguson, and C. G. Stockton. With a few exceptions, the papers discussing this subject were historically too lengthy. The discussion on placenta prævia was opened by Dr. G. T. Harrison, and continued by Drs. I. E. Taylor, C. C. Frederick, Darwin Colvin, S. S. W. McLeod, W. T. Lusk, W. H. Robb, R. L. Banta, and John Shrady. Dr. Cronyn was elected President.

At the County Medical Society, September 26, Dr. J. O. Tansley read a practical paper on nasal difficulties in ear diseases. Dr. D. M. Cammann gave his experience with terebene in some lung diseases. In the discussion on the first paper, Dr. Tansley and Dr. O. D. Pomeroy expressed the belief that stenosis of the eustachian tube was of the rarest occurrence, while Dr. David Webster said that during a visit to Politzer the past summer he saw him carry out the practice which he often resorted to, namely, dilation of the tubes for stenosis by rubber bougies. Politzer was also accustomed to syringe out the tube and middle ear with warm water, whie in their remarks some of the gentlemen present had given warning against the danger of fluid entering the tube during cleansing of the nostrils.

Several distinguished physicians of foreign countries were in attendance on the twelfth annual meeting of the American Gynæcological Society, held at the New York Academy of Medicine, September 13, 14th, and 15th, among them being Drs. A. Martin, of Berlin; Dr. Unna, of Hamburg; Dr. A. R. Simpson, of Edinburgh; Dr. Graily Hewitt and Dr. Bantock, of London; Dr. Doléris and Dr. Apostoli, of Paris, and Dr. Cordes, of Geneva. Dr. N. S. Davis, President of the Ninth International Medical Congress, occupied a seat at the side of the President, Dr. Skene, at one of the sessions, and was present at the reception given by Dr. Fordyce Barker. The papers read at this meeting showed on the whole a tendency to conservatism, to re-open the books and take an account of stock. The great influence of Dr. T. A. Emmet exerted in this direction the past few years seems to be bearing its legitimate fruit.

Your readers are doubtless informed ere this of the entrance of a ship at this port from the Mediterranean with Asiatic cholera on Board. Some new cases have developed among the

passengers since they were landed and quarantined in the bay. The question of the hour is whether it will gain a a foot-hold here. Those physicians must be remarkably of the sanguine temperament who express the belief that should the scourge enter the city it would find a sanitary condition unfavorable for its spread. What nature has done to oppose is great, and might prove effectual; but as to the work of man, very little can be said.

R. C. S.

CINCINNATI.

THE Academy of Medicine has, after a prolonged vacation, due to the excessive heat of the summer, resumed operations with its accustomed vigor. Joseph Ransohoff, M.D., F.R.C.S, Professor of Anatomy, Medical College of Ohio, is president, and Dr. G. A. Fackler is secretary. One of the meetings since the holidays was rendered very instructive by a paper on the subject of sunstroke, by Dr. A. G. Drury. This is a subject with which the physicians and citizens of Cincinnati have been painfully familiar during the past summer. The paper handled the subject thoroughly, and brought forth a full discussion and reports of many cases. Over one hundred cases of sunstroke were received at the Cincinnati Hospital during the heated term.

The Medical College of Ohio has undergone several changes in its faculty since last winter's term. Dr. W. W. Dawson, the venerable surgeon, so well known at home and abroad, has resigned the chair of Surgery, and has been succeeded by Prof. P. S. Connor, who for a number of years had been Professor of Surgical Anatomy in this college. Dr. Connor himself was succeeded by Dr. Joseph Ransohoff, for six years Professor of Descriptive Anatomy in the college. Dr. T. A. Reamy resigned his chair of Obstetrics, and was succeeded by Dr. C. D. Palmer, Professor of Gynecology, the two chairs being consolidated. Professor Dawson continues to be the Professor of Clinical Surgery and retains his lectureship at the Good Samaritan Hospital, which is under the care of the faculty of the college. Professor Palmer has been appointed on the staff of the Cincinnati Hospital, and will lecture there on gynecology and obstetrics. He has discontinued his clinic at the Medical College of Ohio, in the gynecological department, his work there being now carried on by his assistants, Drs. E. G. Zinke and E. S. McKee. Dr. Frederick Kebler, for some years Lecturer on Pathology and Hygiene, has been made adjunct Professor of the Practice of Medicine. Professor Forcheimer and Professor Ransohoff, of the Ohio College, have been placed on the staff of the Cincinnati Hospital, the former on Medicine, the latter on Surgery.

The Miami Medical College opened its session on September 20, with a larger attendance than last year. The opening lecture was given by Dr. N. P. Dandrige, who took for his subject The Elements of Success in Medical Practice, referring especially to the work of McDowell and Koch. The audience was a large one, and the lecture carefully listened to by all present. The faculty in this college remains without change.

The Cincinnati Medical Society is again under way since the vacation. Dr. R. B. Davy is president, and F. O. Marsh secretary. Dr. Davy has gone to California, and Dr. L. C. Carr, vice-president, is acting president.

Clinical lectures commenced at the Cincinnati Hospital, October 3. Four new men will be on the staff this year, all from the faculty of the Medical College of Ohio.

The old feud between the faculty of the Ohio Medical College and the Cincinnati Hospital seems to have passed into oblivion.

Four new men added to the staff of this hospital from the Ohio College at one deal, two being on already, makes twice as large a representation from that faculty as it had long ago, when they all resigned because they could not have all the appointments. Let us hope that things will go on a little more smoothly now, especially since the Ohio College, instead of arranging her lectures so as to make it impossible for her students to attend the lectures at the Cincinnati Hospital, has arranged to commence work at the early hour of 7.30 A.M., so as to

have time for the lectures at the Cincinnati Hospital. The poor students are now crammed from 7.30 A.M. till 10 P.M., with only an intermission of an hour for dinner and one for supper. Still they live and increase and multiply.

The Hamilton County Medical is a new society inaugurated in Cincinnati for medico-legal studies. It has done some good in that it expelled two of its members, charter-members too, who were practicing without diplomas. One of them had practised for a long time in this city, and had done considerable business, which is the more the shame. He drove about in his close carriage and did not deign to notice young men who had much more knowledge than he, but who, unfortunately, could not make people believe it. It is not how much you know in medicine, but how much you can make people believe you know. For some reason, here in Cincinnati, a man in a close carriage can persuade people he knows a great deal more than a man on foot.

REVIEWS AND BOOK NOTICES.

LESSONS IN PRACTICAL PHYSICS. VOL. II.—ELECTRICITY AND MAGNETISM. By BALFOUR STEWART and W. W. H. GEE. Sq. 8vo., pp. xx, 497. London: McMillan & Co., 1887. Philadelphia: J. B. Lippincott Co. Price, $2.25.

In a colloquial way and in easy steps the student is taught the main points pertaining to the physics of magnetism and electricity. The experiments are well selected as bearing on the more important departments of study, and the illustrations render their performance easy to the inquirer, who may depend on the book without a teacher. The chapters on measurement are especially good. W. R. D. B.

DISEASES OF THE FEMALE URETHRA AND BLADDER, by F. WINCKEL, M. D., of the Royal University, Munich; and DISEASES OF THE VAGINA, by A. BREISKY, M. D., of the Royal University, Vienna. Edited by EGBERT H. GRANDIN, M. D., of New York. New York, William Wood & Co. Pp. 393.

These two treatises constitute the tenth volume of "A Cyclopædia of Obstetrics and Gynæcology," issued monthly during 1887 by the enterprising publishing house of William Wood & Co. On account of the rapid strides that these departments of medicine have taken of late years, the issue of this valuable series seems most appropriate The volumes are clearly printed and freely illustrated, and are written by well known authorities. In Volume X. the various malformations and injuries of the female bladder and vagina are reviewed in detail, and the several operations for their relief discussed. In the text frequent reference is made to American writers and laborers in this field.

A COMPANION TO THE UNITED STATES PHARMACOPŒIA: Being a Commentary on the Latest Edition of the Pharmacopœia, and Containing the Descriptions, Properties, Uses, and Doses of all Offic nal and Numerous Unofficinal Drugs and Preparations in Current Use in the United States; Together with Practical Hints, Working Formulas, etc. Designed as a Ready Reference Book for Pharmacists, Physicians, and Students. With over 650 original illustrations. By OSCAR OLDBERG, Pharm. D., and OTTO A. WAHL, M. D., Ph. G. Second Revised Edition. New York: Wm. Wood & Co., 1887. 8vo., cloth, pp. 1216.

This volume is intended to be a companion, commentary, and supplement to the sixth revision of the United States Pharmacopœia. It is freely illustrated, and contains many features of value to the pharmacist and physician. It is arranged alphabetically, and contains descriptions of many unofficinal drugs and formulæ of extemporaneous preparations in use, as well as those which are strictly officinal. The arrangement is such as to facilitate reference, and the condensed descriptions are in the form most convenient for those who may wish to consult them. The names of the compilers of this work are sufficient testimony to its character and worth to those who have occasion to use it. We find it a convenient and correct book of reference for pharmacy and pharmacognosy. F. W.

THE MINERAL WATERS OF VICHY, AND THE DISEASES IN WHICH THEY ARE INDICATED. Followed by a Sketch of Some of the Principal Excursions in the Environs; with Two Colored Maps. By Dr. C. E. CORMACK. London: J. A. Churchill, 1887. Pp. 375.

This is just the book to give to patients before sending them to Vichy; but the physician should read it himself first. Our works on therapeutics contain frequent allusions to Vichy water; but the several springs have different therapeutic effects, and we must be prepared to say which is to be used in the case under consideration, as well as how often and in what quantity. In this book the springs are considered individually and therapeutically, and useful hints given as to hygiene and diet during the treatment. An interesting historical sketch of Vichy forms an appropriate introductory chapter.

WHAT TO DO IN CASES OF POISONING. By WM. MURRELL, M. D., F. R. C. P. First American, from the Fifth English Edition. Edited by FRANK WOODBURY, M. D. Published by the *Medical Register* Company, Philadelphia, 1887. Cloth, pp. 158. Price, $1.00.

A book that passes rapidly through five editions in England, and has been republished by three different publishers in this country must have a *raison d'être*. We have learned from Dr. Murrell personally that this edition has received his sanction, and was brought out with his consent. We believe that it is the only authorized edition published in this country. It contains a description of all the substances likely to be used for poisoning, alphabetically arranged, with brief but full directions for prompt treatment. It is of convenient size to carry in the pocket or satchel, to read on your way to a case of suspected poisoning. W.F.W.

DIFFERENTIAL DIAGNOSIS: A MANUAL OF THE COMPARATIVE SEMEIOLOGY OF THE MORE IMPORTANT DISEASES. By F. De Haviland Hall, M. D., Assistant and Physician to the Westminster Hospital, London. Third American Edition, Thoroughly Revised and Greatly Enlarged. Edited by FRANK WOODBURY M. D. Philadelphia: D. G. Brinton, 115 S. Seventh street, 1887. 8vo, cloth, pp. 255.

This book has a good table of contents and index which may be considered as essential to a book for students' use. The subject-matter reviews the principal diseases of different regions of the body, and in many cases the parallel column plan of comparing similar diseases and of indicating their differences, is resorted to. Owing to the convenient arrangement it is a good hand-book for the student, either before or after graduating Full directions are given for the diagnosis of phthisis, including the microscopical examination of the sputum.—W- F. W.

INDEX CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. AUTHORS AND SUBJECTS, vol. xiii. LEGIER—MEDICINE (Naval). Washington: Government Printing Office, 1887.

The immense labor required in compiling this volume is but poorly expressed by the statement that it includes 13,405 author titles, and 12,642 subject titles, and 24,174 titles of articles and periodicals. The volume is well printed and bound, uniform with the preceding seven volumes.

LETTERS TO THE EDITORS.

It is the earnest desire of the Editors to increase the usefulness of this Journal, and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editors. Short, concise papers upon medical subjects, records of cases worth being reported, and queries on any medical subject are requested.

ENTEROCLYSIS IN THE TREATMENT OF ASIATIC CHOLERA.

Editors MEDICAL TIMES:

THE reading of an article in the *Journal of the American Medical Association* for July 30th, 1887, entitled "Abstract of a Lecture on Cholera and its Treatment," by Professor H. von Ziemssen, gave rise to the thoughts and reflections as stated below. In order to

have a proper understanding of what follows, it is necessary to make the following quotations:

"The lecturer spoke of the importance of the subject, of its classification, the views of different students, as Pettenkofer and Koch, in regard to the nature of the infectious material, the duration of the cholera poison, and the ways of invasion." He accepts Koch's views: "The present therapy of cholera is based on the consideration that we have to do with a specific mycotic process in the mucous membrane of the small intestine, and that the exuberant culture of the comma bacillus here is the cause of the colossal transudation into the intestinal canal; and further, that a product arises from this fungus-culture which poisons the whole organism in the most severe manner. If this be correct—and it can scarcely be longer doubted—we have first to direct our attention to the bacillus culture in the intestine; and in the second place we must antagonize its action, guard against the blood-thickening which is the result of the transudation, and against the motor-paralysis, the result of the alkaloids of decomposition of the bacilli. It must therefore be apparent that the treatment is the more efficient the sooner it is begun. So long as we have to do only with the prodromal diarrhœa, we may hope that the drugs which we give will affect the bacillary process in the intestinal wall. But if vomiting have set in, it is very probable that nothing will reach the intestine from the stomach, or at least we cannot depend on the drug acting."

"There is no difficulty in making the diagnosis of cholera algida. The attack sets in with such stormy symptoms, and the subsequent conditions develop so rapidly in a few hours, that the diagnosis is certain as soon as the physician enters the room.

"Enteroclysis and hypodermoclysis, as used by Cantani and his Italian colleagues, should be made use of immediately.* The earlier this is done the better the chances for recovery, according to Cantani. . . . . Enteroclysis is made by Cantani's method with one or two litres of a 1 per cent. solution of tannin, at a temperature of 39° or 40° C., several times a day. Of the value of the tannin infusion, which is used not merely in the prodromal diarrhœa, but in the asphyctic stage also, Cantani says: The warm mass of water certainly acts mechanically and by its heat in a way to vivify and stimulate the intestine and the whole organism, but the principal point is the stimulation of absorption, in consequence of which thickening of the blood and anuria are prevented, or actively antagonized if already set in. In many of Cantani's cases the renal secretion again became active in a few hours after enteroclysis. Cantani thinks, furthermore, that the tannin sterilizes the contents of the intestine by souring; and perhaps at the same time it forms very insoluble tannin compounds with the alkaloids of degeneration, thus rendering them harmless, and also limits the transudation from the mucous membrane by its astringent action on the blood vessels. Cantani goes on the assumption that the infusion passes the ileo-cæcal valve and enters the small intestine, sometimes even going into the stomach, as is shown by the fact that the tannin solution is sometimes vomited, or may be removed from the stomach by the stomach-pump. Cantani adds that hydrochloric acid used in a 5 per cent. solution sterilizes more powerfully than tannic acid, but is less astringent; and that corrosive sublimate, salicylic acid, boracic acid, thymol and other substances perhaps act still better than tannin; but his results with the last were so good that he made no other experiments. There are several hypothetical assumptions in regard to this method, especially the washing out of

* "By Enteroclysis is meant the injection of a large quantity of fluid into the intestines. Hypodermoclysis is the injection of a large amount of fluid into the subcutaneous cellular tissue. . . . . Cantani says that the practical results of enteroclysis in cholera were even more splendid than those of hypodermoclysis. . . . . Cantani's solution varied from a 1 per cent. solution of tannic acid to 2 grains in 600 ccm. . . For abstract of Cantani's article see *Lancet*, Sept. 26th and Oct. 3d, 1885. . . . . Vincenzo Vitone used successfully the following solution for enteroclysis: warm water 100 grams, tannic acid 3 grams, gum arabic 10 grams, laudanum gtt. 12, in a child of 8 years. E. Vilcani has used as much as 15 grams of tannic acid to 2 litres of water." [*Trans.*]

the small intestines;* but the reports of the Italian physicians are so favorable that the value of this simple procedure cannot be doubted. . . . . The method seems to have an undoubtedly favorable influence on the disease. But I would advise that the method be much simplified." And here the eminent lecturer proceeds to state his way of simplifying and modifying the method without deviating however, from Cantani's principles.

Now, then, granting that the statements as to pathology and ætiology are facts, and that the results of the therapy based upon these facts are *propter hoc*, is not the principle of the application of enteroclysis capable of a radical modification and a physiological simplification? To inject one or more litres of liquid through the rectum into the colon, and by sheer mechanical force push it through the ileo-cæcal valve into the small intestine, and on up through the convolutions of the ileum, jejunum and duodenum into the stomach, until it issues forth at the mouth is, to say the least of it, unnatural and unphysiological, though we admit that it is possible. The possibility of such a proceeding depends upon a partial or complete paralysis of the intestinal muscular coat, or, on the other hand, the attempt is frustrated by the production of hyper-peristalsis. In either event, though the cholera be cured, it is accomplished at the expense of injury done to the alimentary canal. It is humbly suggested that this can be avoided. It is both possible and feasible, and therefore practical, to do the operation of enteroclysis, not in opposition to, but in harmony with, the natural and physiological activities of the intestinal canal.

Let it be assumed that the culture of the comma bacillus in the patient's intestine has reached the height of its exuberance; that the alkaloid ptomaines of the microbes have poisoned the whole organism; that the Hippocratic countenance, the shrill falsetto voice, the washer-woman's skin, the icy breath, indicate speedy dissolution; that the stomach on account of uncontrollable vomiting cannot be used as a vehicle to convey remedies to the intestines below; that all known remedies, including hypodermoclysis, have been applied in vain; let now the physician, armed with his instruments and remedies ready for use, with full reliance upon his anatomical knowledge, perform the operation; not through the distal end of the bowels, the anus; but at the right hypochondrium into the proximal end, the duodenum immediately below the pylorus; not into the rectum, but at the right iliac fossa into the cæcum. Let him if necessary boldly make an incision through the abdominal walls sufficiently large, so as to make the entrance of the needle of the aspirator or syringe into the lumen of the gut an absolute certainty. Then there can be no hypothetical assumption in regard to the washing out of the small or large intestine; no doubt as to the germicide reaching the citadel of the enemy; no question as to the acidulated fluid neutralizing the alkaloid products of degeneration; no peristaltic force or ileo-cæcal valve to impede the free transmission of the injected fluid.

Nor can such a procedure be regarded as a particularly dangerous one. Indeed the physician is justified in subjecting the collapsed cholera patient to considerable risk under the circumstances. Contrasted with the blood-curdling operations of the laparotomist and other abdominal surgeons who boldly invade the peritoneal cavity for the purpose of removal, even, of one or the other of the abdominal or pelvic organs with comparative immunity and perfect impunity, enteroclysis performed in the way suggested, would certainly seem to involve but a small amount of risk.

A. S. Gerhard, A. M., M. D.
Philadelphia, Pa.

* "There is no doubt that fluids can be thrown beyond the ileo-cæcal valve."—[*Trans.*]

NEW REMEDIES AND CLINICAL NOTES.

Gonorrhœa.— Dr. Brewer, of the Roosevelt Hospital, says that of thirty cases of acute gonorrhœa, recovery took place in *all* within two weeks, the average being 7.78 days. The treatment consisted of warm solutions of the bichloride of mercury, from 1 to

6,000 to 1 to 10,000. Two quarts of the solution, commencing with a temperature of 98°, then as hot as the patient could bear, were used twice daily from a fountain syringe. Eight cases of chronic gonorrhœa treated by this plan were completely cured within 9.4 days. (*Weekly Medical Review*).

THE DIFFERENTIAL DIAGNOSIS BETWEEN AFFECTIONS OF THE MIDDLE EAR AND THOSE OF THE LABYRINTH.—D. B. St. John Roosa, M. D., of New York, read a communication on this subject before the American Otological Society, in which he said that there has been some difference of opinion as to our ability to differentiate between affections of the middle ear and those of the labyrinth. Many cases usually classed under affections of the tympanum should be placed among diseases of the cochlea or of the acoustic nerve. He referred to the records of seven recent cases, which were nearly all in the middle period of life, when its cares and troubles are most pronounced. Such patients often exhibit symptoms of nervous exhaustion. Such cases are often benefited by the administration of strychnine, arsenic, and quinine. Proper hygiene should be employed. The universal use of the watch as a test of hearing occasionally leads to false conclusions on the part of the general practitioner, who discovers loss of hearing by testing with the watch alone. When used alone, he regarded the watch as insufficient. When both the watch and the voice are heard badly there is cause for anxiety. Many persons have lesions which cause them to hear the watch and certain other tones badly who can hear the voice well. In the opinion of the author, those persons who hear the conversation better than the watch, who hear better in a quiet room than where there is noise, and who hear the tuning fork better through the air than through the bone, suffer from an affection of the labyrinth or nerve, and not from disease of the tympanum, although the latter may be engrafted upon the previous affection. The general adoption of this view would save a good deal of local treatment of the naso-pharynx and tympanum, and greatly simplify and improve our therapeutics.

TREATMENT OF OTORRHŒA.—H. Knapp, of New York, in acute cases of otorrhœa, uses boracic acid as an antiseptic and cleansing powder. The patient is directed to cleanse the ear with the syringe three times a day. The powder is then introduced by means of a spoon until the canal is loosely filled. If the powder becomes moist, the patient is directed to syringe the ear and renew the application. The majority of acute cases do not require any other treatment. In chronic cases, he removes any polypoid growths or any carious bone that may be present, and then uses alcohol in fifty or sixty per cent. strength, or absolute, with sulpho-carbolate of zinc, and changes this with nitrate of silver. He continues this treatment until the ear is dry and there is no discharge, and directs the patient to do nothing beyond using a light cotton plug to filter the air. No attention is given to the perforations except in case a perforation of moderate size has perfectly clear edges, and remains in the same condition for weeks or months. Here he pastes a small piece of sized paper over the perforation. In many cases the hearing is improved, and it seems to stimulate the healing of the perforation.

SYPHILITIC DISEASE OF THE EAR.—At the last meeting of the American Otological Society, Dr. Samuel Theobald, of Baltimore, reported a case of syphilitic disease of the labyrinth, exhibiting remarkable variations in the degree of deafness. The patient was a man about thirty-four years of age, the subject of inherited syphilis. In one ear the deafness was nearly complete, and in this ear there was but little variation. In the other ear frequent and sudden relapses occurred, after the hearing on several occasions had been brought up almost to the normal standard. Within twenty-four hours the hearing would fall from the ability to distinguish words in a whisper at twenty inches, to a degree of deafness which would require the same words to be spoken in a loud voice. Iodide of potassium was given with but little effect, but decided benefit

resulted from the administration of bichloride of mercury in combination with muriate of ammonia.

REMEDIES FOR UTERINE HEMORRHAGE.—Dr. C. D. PALMER, of Cincinnati, read a paper upon the above subject at the recent meeting of the American Gynecological Society; his conclusions were as follows:

1. Ergot: In chronic hyperæmia and subinvolution; effects less marked in multiparæ.

2. Digitalis: In uterine hemorrhage from cardiac disease; in atonic states, with weak heart and low arterial tension.

3. Cannabis Indica: Uncertain; indications not yet defined

4. Bromides: Sexual excitement and ovarian congestion; some cases of ovarian congestion.

5. Arsenic: Chronic endometritis; menorrhagia in young girls; less useful at the climacteric.

6. Gallic Acid: The objections to this drug render it of limited value.

7. Hamamelis: For slight, long-continued flux, with dark venous blood, the hemorrhage being passive, it is the remedy *par excellence;* this occurs in subinvolution, chronic endometritis, retroversion, and some fibroids.

FORDYCE BARKER recommended the bromides in full doses several days before the menstrual period, with arsenic during the intervals. If the flow continue too freely, he gives the fluid extracts of hydrastis and hamamelis, of each thirty minims; nux vomica can be added for atony if desired. He recommended viburnum in passive hemorrhage and threatened abortion. At the climacteric he uses the protiodide of mercury with iron and opium. For profuse hemorrhage in very young girls he has used cones of alum wrapped in linen and inserted into the vagina.

APOMORPHINE FOR ACUTE BRONCHITIS.

℞ Apomorphinæ.....gr. ss
Potassii bromidi.....℥iv
Tinct. sanguinariæ.....f℥j
Syr. tolutanæ.....q. s. ad f℥iv
M. S.—A teaspoonful every two hours, in water.

Half a glass of Rubinat water is to be taken before breakfast.

(WILCOX, in *St. Louis M. and S. Journ.*)

CREASOTE FOR PHTHISIS.—Jaccoud has long recommended beechwood creasote in phthisis. He gives two ounces of cod-liver oil, three minims of creasote, and one minim of peppermint, in divided doses, during each day. If the patient be unable to take the oil, he substitutes glycerine and brandy.

(*N. O. Med. and Surg. Journ.*)

VOMITING IN PREGNANCY.—A favorite method of treating the hyperemesis of pregnancy in Vienna is as follows: A rubber speculum is introduced into the vagina so that the neck of the uterus is engaged as much as possible, when the outer end is elevated, and a ten per cent. solution of nitrate of silver is turned in, so that the neck of the uterus is bathed with it for some ten minutes.

(*Maryland Medical Journal.*)

TREATMENT OF NEURALGIA BY REFRIGERATION.—In the *Medical Record*, Dr. G. W. Jacoby calls attention to the treatment of neuralgia by means of intense cold. His method consists in the atomization of chloride of methyl along the course of the affected nerve. The apparatus is imported from France, at a cost of $37.50, and the methyl must be obtained from the same country, for the present.

[If cold be of value in these cases, it could be applied in a simpler manner. We recall a severe case of neuralgia in the feet, in which prompt relief invariably ensued when the feet were placed in a bucket containing cold water.]

IMPROVED FORMULA FOR BLAUD'S PILLS.—

℞ Ferri sulphatis.....3 j
Potassii carbonatis.....gr. xxxvj
Sacchari pulveris.....gr. xij
Tragacanthæ pulveris.....gr. iv
Glycerini.....♏ v
Aquæ destillatæ.....♏ v

Powder the iron finely, add the sugar and gum, and mix well. Finely powder the potassa in another mortar, and thoroughly incorporate with it the glycerine and water. Transfer this to the mortar containing the iron; beat until the mass becomes green, and divide into twenty-four pills. Coat with gelatine, previously drying in hot air if necessary.

(MABEN, in *Chemist and Druggist.*)

FRACTURE OF THE SKULL.—Dr. Deaver advocates early trephining in punctured fractures of the skull. He recently showed a case of compound fracture with depression of the skull, in which he had trephined and elevated the depressed parts, with good results. The temperature did not rise above 100° F. during three days after the operation. In injuries of the head he gives calomel, gr. ¼, and Dover's powder, gr. ij, every three or four hours, at intervals during the first seven to ten days, to prevent inflammation. If the patient do not sleep, and is restless, give bromide of potassium, grs. xx or xxx.

TREATMENT OF CONSTIPATION BY FARADISM.—In the case of a woman who had not defecated for two weeks, and who instantly threw up all medicines, a city physician secured a passage by a few applications of Faradic electricity and kneading of the abdomen.

FOR VARICOSE VEINS, Prof. Pancoast prefers subcutaneous ligation. He showed at his clinic, October 5th, a patient who had been operated on two years before, with perfect cure. Prof. Pancoast inserts a pin under the vein, throws a ligature around the pin, and the effusion of plasma occludes the vessel.

The disfigurement of a cicatrix can be greatly lessened by gently rubbing it with the hand for a few minutes once or twice a day, keeping up the treatment for some time.

Prof. Garretson's favorite prescription for erysipelas is:

℞ Quininæ sulphatis.....3 j
Tinct. ferri chlor .....f ℥ j
Tinct. cinchonæ comp.....℥ iij M.
Sig.—Apply locally.

When in the diarrhœa of children the passages are fetid, and there is pain in the abdomen, Prof. Atkinson prefers the following prescription:

℞ Liquor. sodæ chlorinatæ.....gtt. xvj
Tinct. catechu.....f ℥ ij
Tinct. opii camphoratæ.....f ℥ ij
Syrupi.
Aquæ anisi.....āā...f ℥ j M.
Sig.—f ℥j every three hours; or, better, a dose after each passage.

DISINFECTION OF TYPHOID DISCHARGES BY LIME.— A simple and easy way of disinfecting the stools in typhoid fever, according to Prof. Waugh, is to put several heaping teaspoonfuls of chloride of lime in the vessel after each emptying. Each passage is thus made innocuous, and, beside that, it is much easier to disinfect a single stool than a whole vault.

And, since in dangerous cases the patient is likely to pass the feces involuntarily in the bed, to the great danger of the physician and the nurse, Prof. Waugh recommends that the patient be put on the wire mattress, with simply a blanket or two under him. These could be easily disinfected, in case of an involuntary passage.

In a case of acne rosacea, advanced to the second stage, *i. e.*, involvement of the sebaceous glands, with papules and pustules, Prof. Shoemaker gave the following treatment:

℞ Ung. hydrarg. oleatis.....℥ j
Ung. aquæ rosæ.....℥ j
M. S.—Apply once a day.

℞ Ex. ergoti flu.,
Glycerini,
Tinct. ferri chlor.....āā ℥ j
M. S.—℥j ter die.

For chronic psoriasis, Prof. Shoemaker gets good results by giving, hypodermically, arsenite of soda, gr. ⅛, twice a week, and increasing to gr. j.

MISCELLANY.

EDITORIAL COMMENTS OF THE LONDON JOURNALS UPON THE NINTH INTERNATIONAL MEDICAL CONGRESS.—The *British Medical Journal*, September 17th, 1887, says: While the professors of the art of war in the various countries conceal from each other with a jealous care their respective inventions for injuring and destroying mankind, the members of the medical profession from every civilized nation meet in periodic congress to exchange their varied experiences, and to share their mutual successes and discoveries, careless of national or local credit if the general cause of science is advanced and the welfare of their fellow man is secured.

From this point of view the warmest thanks and congratulations of the stay-at-home members of the British Medical Association are due to those of its ranks who braved the dangers of a long sea voyage, and incurred the necessarily heavy expenditure of so great a journey, in order to represent British medicine at the International Congress held last week at Washington. We may rest well satisfied that the credit of England was worthily sustained by Seaton, Power, Pavy, West, Langdon Down, Hewitt, Simpson, and the other leading practitioners, both metropolitan and provincial, who represented us on this occasion, yet one is almost disappointed at the paucity of the number of the visitors from this country, compared to those from the rest of Europe. This is owing in some measure perhaps to a factor which militates against the success of all these Congresses with our countrymen—namely, the neglect of the study of foreign languages by the mass of our practitioners, which makes the papers read by the representatives of other countries unintelligible and uninteresting to our people. How few there are of our members who could take an intelligent part in a medical discussion at Paris or Berlin, or reply in decent French or German to a vote of confidence or thanks from their brethren from abroad.

But it is to remove difficulties like this, and to smooth away prejudices between the representatives of various nations, that one expects so much from these International Congresses. In the days of our ancestors, no such cause of unpopularity at a meeting could have arisen, for Latin was the universal medium of inter communication between men of science. It would, however, be to seek after a hopeless chimera to attempt once more to secure a common language; but surely the Congress might pass resolutions deprecating the acquirement of the dead languages as the primary objects of preliminary education for the medical profession. Latin, for instance, is useful as a key to a refining and ennobling literature, and was once the tongue of science; but to-day living Thought and Knowledge have passed from Rome to London, Berlin, and Paris. Therefore, it behooves those who care that medicine should not be sectional, but one great whole, to forsake ancient media of communication, and to inculcate the attainment of a colloquial and scientific knowledge of living growing languages, wherein are contained the wisdom of the master-minds of to-day. Every medical man ought to possess a working knowledge of two European languages besides his own, at least.

This leads one, however, to a weak and unpractical aspect of the International Congress. It is true that a great assemblage of intelligent physicians, collected from all lands to discuss in many languages the cure of disease, or to enter into collective investigation of its causes, is a striking sight, but can it compare in use or grandeur with a World's Parliament of Medicine engaged in devising measures to break down ignorance and national prejudice, and in endeavoring to restore that unity of the profession which existed in the Middle Ages, whereby learners were enable to pass from school to school through many lands, without any loss of time or legal rights? So with minds ripened by foreign travel, they could finally return to practice in their native land, wiser and more capable physicians through intelligent observation of various methods of treatment, and more useful citizens through experience of the men and manners of other countries.

For the tone and the matter of the papers read at Washington we have nothing but unqualified praise; they dealt, with few exceptions, as should always be the case at an International Congress, with general principles and not with special cases, and treated these in an original and useful manner; but one cannot but regret the almost total absence of any reference to those subjects which have to do with the international relations of the various schools of medicine and thought; and the neglect of those details, which are, perhaps, small in themselves, but which render the approach to a uniform system of treatment, to say nothing of a universal nomenclature, an impossibility.

Surely if the text-books of Ziemssen, of Trousseau, and of Graves are equally valuable in the translations of many nations, if the labors of pharmacologists of all countries are received with equal favor and quoted with judicial impartiality by the teacher of every school, it would be possible, as it is certainly desirable, to compose one official *pharmacopœia* for the civilized world, which should replace the various formulæ current at Paris, Vienna, St. Petersburg, and the other capital cities, exactly as the *pharmacopœias* of Dublin, Edinburgh, and London, were replaced by one entitled "British," to the great benefit of pharmacy in this country. To parody the title of a well-known painting, "It can be done! and the International Congress ought to do it."

The Lancet says: The success of the Ninth International Medical Congress is a matter for thankfulness. The interruption of the series of Congresses would have been little less than a calamity and a disgrace for the profession in all nations. Any serious imperfection in the meeting, either as respects numbers or the character of the discussions, would have been but little less unfortunate. But the Congress has been held under most honorable auspices; the famous hospitality of the United States has been fully realized; and those who went great distances to attend the Congress have been amply rewarded, and will return to their various countries and duties with higher impressions of their calling and deeper convictions of its progress, both on its scientific and its medical side. We cannot but rejoice that our own country was well represented in many of the sections; the names of many well known English physicians and surgeons will have been noticed in the reports which were received by cable from our special correspondents at Washington. We confess that we read the report of the concluding proceedings of the Congress with the most pleasurable emotions, and not least the remarks of the English members. A breakdown of the Congress in Washington would have been only a less acute pain to us than a break-down in London. And we accept the concluding speeches of our countrymen and of our *confrères* of Berlin and Paris, Dr. Martin and Dr. Landolt, and others, as proof that the Congress has been worthy of its predecessors; that it contained a larger gathering of foreign members than any of them, and that it is calculated to promote the advancement of our art. Those in the United States who worked to this end, in spite of much discouragement, well deserve the gratitude which was accorded to them by formal resolution. We have purposely abstained in our allusions to the Congress from pointedly referring to the domestic differences among our brethren in the States, which threatened to seriously mar the success of the Congress, if not to prevent it altogether. Those who persevered in spite of all opposition, and who have carried through the Congress so successfully, may well be satisfied. They have done a great service to their country and to their profession in all countries. It is not necessary for us to say that they committed no faults and made no mistakes. Such praise is not for mortals in a world so full of "spilt saltpetre" as ours. But they have carried through the Congress, and we thank them. There is yet one other service they can do: in any official action that now devolves upon them, to strive to obliterate the last relics of discord, and to hand on the light of truth and charity, undimmed and unqualified, to those in Berlin on whom will now rest the burden of responsibility for the next Congress. They can well afford to be magnanimous, and to help to make the representation of the States at Berlin so complete as to bear no traces of recent division.

The scientific value of the addresses and papers read at the recent Congress cannot be estimated till we have seen them in full. On the whole, judging from abstracts of the papers and discussions, we are inclined to say that they have been practical rather than theoretical, and have had reference to useful rather than transcendental aspects of medicine. Neither, so far, have we met with much indication of original matter in the papers. But this is no dispraise. It was meet that in the most practical nation in the world papers

and discussions should take a practical turn, and deal with questions at their practical point. No branch of medicine can be said to have been neglected, from that which deals with the brain to that which deals with the risks of decayed teeth, including, by the way, several instructive cases of pyæmia. The statistics of vaccination were much advanced in a paper by Dr. Josef Körösi, Director of Communal Statistics of Buda-Pesth (to which we hope to make more special reference), and other questions of Public Medicine were made subject of interesting discussion. Every branch of medicine was well represented — notably the ophthalmic, the gynæcological, and the dermatological; so that we venture to forecast that the volumes of the Transaction Reports will have considerable practical importance.

A WELL EARNED COMPLIMENT.—Speaking of the *Medical Record's* report of the International Medical Congress, the *American Practitioner and News* says: "Dr. Carpenter, who superintended the work for the *Record*, performed his task so quietly and unostentatiously that one might easily have concluded that the undertaking had been abandoned. But the full, accurate and well-arranged reports that have reached us not only dispel any such doubts, but characterize Dr. Carpenter as one of the most capable journalists, medical or secular, in the country."

PROF. A. VAN HARLINGEN read notes of three cases of leprosy, and presented two patients suffering with the disease, at the meeting of the Philadelphia County Medical Society held October 12th.

DR. CARL SEILER read a paper on "Chronic Nasal Catarrh as an Etiological Factor in the Production of Acne of the Face."

OFFICIAL LIST

OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT U. S. ARMY FROM OCTOBER 9 1887, TO OCTOBER 22, 1887.

LIEUT.-COL. CHARLES T. ALEXANDER, SURGEON.—Relieved from duty as attending surgeon and examiner of recruits at St. Louis, Mo., and ordered for duty at Fort Meade, Dak. S. O. 235, A. G. O., Oct. 8, 1887.

MAJOR W. D. WOLVERTON, SURGEON.—Detailed as member of Army Retiring Board at Washington, D. C., convened by S. O. 78, A. G. O., April 5, 1887, vice

MAJOR C. C. BYRNE, SURGEON.—Hereby relieved. S. O. 241, A. G. O., Oct. 15, 1887.

CAPTAIN T. A. CUNNINGHAM, ASSISTANT-SURGEON.—Died, Oct. 12, 1887, at Fort Lewis, Colorado.

CAPTAIN EDWIN F. GARDNER, ASSISTANT-SURGEON.—Relieved from duty at Fort Reno, Indian Territory, and ordered for duty at Fort Lewis, Colorado. S. O. 241, A. G. O., Oct. 15, 1887.

CAPTAIN JOHN J. COCHRAN, ASSISTANT-SURGEON.—Now on duty at the Presidio of San Francisco, Cal., is assigned to temporary duty at Headquarters Division of the Pacific, as assistant to the Medical Director of that Division. S. O. 244, A. G. O., Oct. 19, 1887.

FIRST LIEUTENANT C. B. EWING, ASSISTANT-SURGEON.—Granted leave of absence for one month, on surgeon's certificate of disability. S. O. 112, Department of Missouri, Oct. 18, 1887.

APPOINTMENT.

NATHAN S. JARVIS.—To be Assistant-Surgeon, U. S. Army, with the rank of First-Lieutenant, Oct. 14, 1887.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY DURING THE WEEK ENDING OCTOBER 22, 1887.

PASSED-ASSISTANT-SURGEON H. G. BEYER.—Ordered to hold himself in readiness for orders to the "Trenton."

ASSISTANT-SURGEON S. S. WHITE.—Ordered to hold himself in readiness for orders to the "Trenton."

PASSED-ASSISTANT-SURGEON F. B. STEPHENSON.—Detached from the "Bache," and ordered to the Navy Yard, Boston.

ASSISTANT-SURGEON E. P. STONE.—Detached from the "New Hampshire," and ordered to the "Bache."

SURGEON T. H. STREET.—Detached from the "Patterson," and placed on waiting orders.

A NAVAL MEDICAL EXAMINING BOARD is now in session at the Naval Hospital, Philadelphia, Penna., for the purpose of examining candidates for admission to the Medical Corps of the Navy. Circular of information can be obtained on application to the President of the Board. There are twelve vacancies in the list of Assistant-Surgeon.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U. S. MARINE HOSPITAL SERVICE FOR THE TWO WEEKS ENDING OCTOBER 8, 1887.

PASSED ASSISTANT-SURGEON FAIRFAX IRWIN.—Granted leave of absence for twenty-five days. Oct. 5, 1887.

PASSED ASSISTANT-SURGEON JOHN GUITERAS.—Granted leave of absence for seven days. Sept 28, 1887.

ASSISTANT-SURGEON SEATON NORMAN.—Upon expiration of leave of absence to rejoin station, New York. Oct. 4, 1887.